

EXHIBIT


A




Tell Us About Yourself


Name
Please provide your full legal name.


Email


Home Address

Location 
If your state is not listed it means that loans are not offered in your state. [More information](#)

Date of Birth   


Phone 

Citizenship 


SSN 
Your SSN is required to pull your credit information.


Personal Annual Income
Do not include income from others in your household. Stated income will be verified on every application. Your personal income must be verifiable via pay stubs, bank statements, or other records. Alimony, child support, or separate maintenance income need not be provided if you do not wish to have it considered as a basis for repaying this loan.

Household Annual Income


Employment Status 

Employer Phone

Years at Employer 

Rent or Own Home 

Monthly Rent / Mortgage Payment

Loan Purpose 

Password

You will need a security code to confirm your identity. This extra step shows it is really you trying to sign in.

Confirm Password

☐ By clicking this box you acknowledge that you have received, reviewed and agree to the [E-Signature Disclosure and Consent](#), [Credit and Contact Authorization](#), [Terms of Use](#), and [Privacy Statement](#).

☐ I'm not a robot



Checking your offers will not impact your credit score.*

[Continue >](#)

*The process uses a "soft" credit inquiry to determine whether a loan offer is available, which does not impact your credit score. If you continue with the application process online and accept a loan offer, or are referred to a branch and confirm your application there, we will get your credit report and credit score again using a "hard" credit inquiry. This "hard" credit inquiry may impact your credit score.

Credit Contact Version 14

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Credit and Contact Authorization

By clicking the “submit” button or otherwise providing responses to application questions, I understand that I am making application to Mariner Finance, LLC or one of its affiliated companies (“Mariner”) for a loan for the purpose described in the application. If the application is submitted through one or more third parties to Mariner, I authorize such third parties to share any information that I have provided with Mariner. I authorize Mariner to order credit reports on me from time to time and to make whatever credit inquiries Mariner deems necessary in connection with this credit application or in the course of review, refinance or collection of any credit extended in reliance on this application. I authorize any person or consumer reporting agency to complete, compile and furnish to Mariner any information that Mariner may request. I certify that all information I have provided in connection with this application and request for credit is true, accurate and complete. I authorize Mariner (and any financial service provider that Mariner may ask to evaluate my request) to verify the information I have given and obtain information about me from a consumer reporting agency or other sources. I agree that all information that I provide or that Mariner obtains in connection with my application or otherwise: (i) may be used by Mariner to process my request and that Mariner may contact me using any telephone number and/or email address that I have provided; (ii) will remain Mariner’s property whether or not credit is extended; and (iii) may be disclosed by Mariner to any of Mariner’s subsidiaries, affiliates, and assigns.

By providing my mobile and/or home number (including any phone number that I later convert to a mobile phone number) or email through this application or otherwise, I consent to receive informational calls, text messages (including by auto dialers and/or with pre-recorded messages) by or on behalf of Mariner regarding the processing of my request and, if approved, for other transactional purposes, such as the collection and servicing of my account(s). I understand that my consent for non-marketing, informational calls and messages applies to each phone number that I voluntarily provide to Mariner now or in the future.

I understand that any text messages Mariner sends to me may be accessed by anyone with access to my text messages. I acknowledge that my mobile phone service provider may charge me fees for text messages that Mariner sends to me, and I agree that Mariner shall have no liability for the cost of any such text messages. I understand that I may unsubscribe from text messages by replying “STOP” to any text message that I receive from Mariner or on Mariner’s behalf.

As of October 4, 2018

Terms of Use Version 11

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Website Terms of Use

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or services and to specific portions or features of the Sites (such as sweepstakes or public forums), all of which are incorporated into these Terms of Use. You will be bound by such additional terms should you use the specific features or portions of the particular Sites. If such additional terms conflict with these Terms of Use, the additional terms shall apply. PLEASE TAKE THE TIME TO READ ALL TERMS OF USE CAREFULLY BEFORE USING THE SITES. By accessing, registering on or otherwise using any of the Sites, you unconditionally agree to these Terms of Use whether or not you have read them. If you do not agree to these Terms of Use, you may not access, view or use the Sites.

1. GENERALLY

You are free to browse the Sites to learn more about Mariner Finance and the Mariner Finance family of products and services. The Sites and all material posted on the Sites or otherwise approved by Mariner Finance (collectively, "Licensed Content") may be used for the sole and limited purposes set forth in the Sites and these Terms of Use. You may view and print portions of the Licensed Content for your own internal use but not for resale or other commercial exploitation and not for use other than as provided in these Terms of Use. Any other use of Licensed Content without Mariner Finance's prior written approval is strictly prohibited.

2. PRIVACY

Mariner Finance values its relationship with visitors and customers and uses commercially available technology to safeguard information collected through the Sites. However, the internet is an open medium and no data transmission through the internet is completely secure. Therefore, Mariner Finance does not guaranty or warranty the security of general information you provide. For more information on how Mariner Finance uses information you provide through the Sites, please review Mariner Finance's Privacy Statement and Privacy Notice.

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In general, Mariner Finance expects visitors to interact with Mariner Finance and other users of the Sites in a courteous manner and in compliance with all laws. If you choose to "like," "follow" or otherwise communicate with Mariner Finance through Social Media Channels, you agree to comply with all rules, guidelines, best practices, terms of service as may be established from time to time by Social Media Channel operators in addition to these Terms of Use as well as any additional rules, terms of use, community guidelines or conduct codes that Mariner Finance may establish in connection with your use of Mariner Finance's Social Media Channels. Please review the Community Guidelines and other terms of use before participating on our Facebook page.

Any comments, blogs, discussions, data, images, sounds, text, product ideas, suggestions or enhancements, as well as anything embedded therein, material, information or other communication you transmit, upload or post to the Sites, generally and through Social Media Channels and other the public forums, or email to Mariner Finance (collectively, "Communications") are non-confidential, nonproprietary and become the property of Mariner Finance. Mariner Finance has no obligation to preserve the confidentiality of or refrain from disclosing any Communications. You recognize and acknowledge that your submission of any suggestions, ideas, images, sounds, enhancements, data or other material is done on a non-confidential, non-proprietary basis, without expectation of compensation or attribution of any sort. Mariner Finance has no liability for and will be free to copy, disclose, distribute, incorporate and otherwise use all or any part of any Communications for any and all commercial or noncommercial purposes in any medium whatsoever without additional consent or approval from you. Please exercise caution and discretion in disclosing personal information through, including uploading photos to, any public forums.

You are solely responsible for your Communications and your activities on the Sites. Although Mariner Finance will not, and has no obligation to, monitor your Communications, it has the right not to post or publish Licensed Content and/or your Communications and to delete, remove or edit any Licensed Content and or Communications at any time in its sole discretion without notice or liability of any notice or sort. Under no circumstances is or will Mariner Finance or its affiliates be liable in any way for any Communications, your or

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The Sites are intended for use by adults who are actual or potential purchasers of Mariner Finance products and services. Sites are not directed at children. Mariner Finance does not target or market to, and the Sites are not intended for use by, children under the age of 13. Mariner Finance does not knowingly and will not intentionally contact or request personal information from children under the age of 13 for marketing purposes. However, the Sites do not filter ads or other material children may view through the Sites or linked sites, some of which may be inappropriate for children.

5. INDEMNITY

To the extent permitted by law, you agree to indemnify, defend, release and hold Mariner Finance, its officers, directors, suppliers, service providers, co-branders or other partners, agents and employees, and those of its affiliates, harmless from all claims, demand, damages, fees and costs of any nature, including reasonable fees of attorneys and other professionals, due to or arising out of anything you submit, transmit through or upload to the Sites, your Communications, your use of the Sites, your connection to the Sites, your violation of these Terms of Use, and/or your violation of anyone's legal rights.

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From time to time Mariner Finance may change the Licensed Content, the products and services offered, disable certain features of the Sites or expand the Sites' capability. Mariner Finance also reserves the right at any time and from time to time to modify these Terms of Use, the Sites, their functionality and capabilities and/or discontinue, temporarily or permanently, the Sites (or any part thereof) with or without notice. You will be bound by the modifications if you use the Sites after a modification has been made. You agree that Mariner Finance shall not be liable to you or to any third party in any way as a result of any such modification.

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Mariner Finance, in its sole discretion and without liability, may suspend or terminate your access or use of the sites for any reason, but especially if Mariner Finance believes that you have violated or acted inconsistently with the letter or spirit of these Terms of Use. Mariner Finance also may, in its sole discretion at any time discontinue providing the Sites, or any part thereof, with or without notice. Mariner Finance may suspend, terminate and/or bar further access to the Sites at any time without prior notice to you. Mariner Finance shall not be liable to you or any third party for any suspension or termination of any access to or use of the Sites.

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6. a statement by you, made under penalty of perjury, that the information in your notification is accurate and that you are the copyright owner or authorized to act on behalf of the owner of an exclusive right that is allegedly infringed.

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By Mail

Mariner Finance, LLC
8211 Town Center Dr
Baltimore, MD 21236
Attn: Webmaster

By Email

marketing@marinerfinance.com

(Please include "Notice of Infringement" in the subject line.)

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Notices specific to you may be made to the last email or postal address you have given to Mariner Finance. Mariner Finance may also provide notices of changes to these Terms of Use or other matters by displaying notices or links to notices to you generally on the Sites. Notice or other correspondence to Mariner Finance should be sent prepaid, by certified mail, return receipt requested or overnight commercial courier to:

Mariner Finance, LLC
8211 Town Center Dr
Baltimore, MD 21236
Attn: Webmaster

13. GENERAL INFORMATION

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Notwithstanding the foregoing, Mariner Finance may seek equitable relief, including preliminary and permanent injunction, in any court of competent jurisdiction to prevent or enjoin misappropriation, misuse, unauthorized disclosure or infringement of any intellectual property rights. The failure of Mariner Finance to exercise or enforce any right or provision of the Terms of Use shall not constitute a waiver of such right or provision. If any provision of the Terms of Use is found by a court of competent jurisdiction to be invalid, the parties nevertheless agree that the court should endeavor to give effect to the parties' intentions as reflected in the provision, and the other provisions of the Terms of Use remain in full force and effect. You agree that regardless of any statute or law to the contrary, you must file any claim or cause of action against Mariner Finance within one (1) year after such claim or cause of action arose or be forever barred. The section titles in the Terms of Use are for convenience only and have no legal or contractual effect.

14. VIOLATIONS

If you learn of, or have information indicating that anyone has violated or is violating these Terms of Use, please report the violation to Mariner Finance by [clicking here](#).

Privacy Statement Version 10

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Mariner Finance Website Privacy Statement

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IN THIS PRIVACY STATEMENT, THE TERMS "YOU" AND "USER" MEAN ANY VISITOR TO THE SITE. BY USING THE SITE AND/OR SUBMITTING AN ONLINE APPLICATION, YOU INDICATE THAT YOU HAVE READ AND AGREE TO BE BOUND BY MARINER WEBSITE TERMS OF USE AND THIS PRIVACY STATEMENT. IF YOU DO NOT AGREE TO THIS PRIVACY STATEMENT, DO NOT USE THIS SITE IN ANY MANNER.

JUMP TO ADDITIONAL PRIVACY INFORMATION FOR CALIFORNIA RESIDENTS**1. COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

The Site does not collect personally identifiable information from you unless you voluntarily provide it through various forms and in various places on the Site, including by entering it via an online form, over the phone, or via any other means through which you interact with our services. Personally identifiable information may include your name, address, telephone number, mobile number, email address, and Social Security Number. You are responsible for ensuring that any personally identifiable information you provide is truthful, accurate and up to date. We will collect and store personal information you decide to provide to us for our records but we are not liable to you if the information you provide is not accurate. You agree that we may use any of your personal information that you provide to us to communicate with you. Additionally, if you apply for a loan on the Site, you must truthfully and accurately complete our online application which includes your provision of personally identifiable information. Accurate, up-to-date information is necessary to view your credit history and otherwise process your application and to contact you. Mariner takes various precautions to safeguard your personal information against loss, theft and misuse as well as unauthorized access, disclosure, alteration and destruction. For example, all online applications are encrypted to maintain the security of your information. Once received, your personal information is stored in the United States in accordance with United States law.

As permitted by law, Mariner reserves the right to disclose your personally identifiable information to third parties in accordance with our Privacy Notice (located at the bottom of this page), to assist in administering our services and marketing activities, as required by law, as necessary to protect our rights (such as if you fail to repay a loan), as necessary in order to detect, investigate, prevent, or take action against illegal activities, fraud, or situations involving potential threats to the rights, property, or personal safety of any person, to comply with a judicial proceeding, court order, or legal process served on us, and/or as specifically consented to by you. If Mariner were to merge with or be acquired by another company or if it were to cease operations, your information may be transferred to the surviving or acquiring company. At that point, any use and sharing of your information will be subject to that company's privacy policy which may be different from that of Mariner. In addition to this Privacy Statement and Mariner's website Terms of Use, our use of your personal information collected is described in the Privacy Notice.

Third parties may also collect personally identifiable information about your online activities through the Site in order to assist Mariner in offering its services and products, marketing, and administration of the same.

2. COLLECTION, USE AND DISCLOSURE OF OTHER INFORMATION

The Site may gather non-personal information about you depending on how your browser is configured. That information may include the Internet Protocol (IP) address(es) used to access the Site, the number of times you

visit the Site, the time and length of the visit, the operating system and browser type used to access the Site, your screen resolution, the particular web pages viewed right before and while visiting the Site, how long you remain on specific pages, your navigation patterns, where you go upon leaving the Site, or similar details.

The Site may use cookies and other tracking technologies (such as clear GIFs, web beacons, log files, and the like) to track unique visitors and pages viewed by users, both to understand how the Site is being used and to improve users' experiences on the Site. For example, cookies (small, unique text files that a website can deposit on your computer hard drive when you visit a website) may be used to allow repeat visitors to be served more quickly and efficiently or to provide information on the pages viewed by a given user. Since cookies reside on a user's hard drive, they may be deleted by a user after they are deposited by a site. You may also configure your browser to reject cookies, although if you do, some or all of the features on the Site may not be available to you.

Non-personal information collected as a result of your visit to the Site may be disclosed to third parties, but will not be associated with you personally. In other words, the Site may disclose that a unique user accessed the Site a particular number of times and spent specific amounts of time on different pages, but we will not disclose the identity of that user (and most likely would have no way of identifying who that user was unless the user voluntarily identified him or herself to us).

Some web browsers have a "Do Not Track" function that allows you to tell websites that you do not want to have your online activities tracked. The Site does not monitor or respond to "do not track" signals or similar mechanisms.

3. SECURITY

To prevent unauthorized access to your personal data, maintain data accuracy and integrity, and ensure the correct use of information, Mariner follows generally accepted industry standards to protect the personal information submitted to us, both during transmission and once we receive it. No method of transmission over the Internet, or method of electronic storage, is 100% secure, however. Therefore, while we strive to use commercially acceptable means to protect your personal information, we cannot guarantee its absolute security.

4. CHANGES TO YOUR INFORMATION

You may request access to and/or to change your personally identifiable information by contacting us at the following phone number or postal address: 877-310-2373, Mariner Finance, LLC, 8211 Town Center Drive, Baltimore, MD 21236. If you currently have an account with Mariner, you may log into the Customer Account Center to review and/or edit your personal information.

5. CHANGES TO PRIVACY STATEMENT

Mariner reserves the right at any time and from time to time to modify this Privacy Statement with or without notice. You will be bound by the modifications if you use the Site after a modification has been made. You agree that Mariner shall not be liable to you or to any third party in any way as a result of any such modification. If you do not agree to any changes or terms, you should discontinue your use of the Site.

6. MARINER FINANCE CONTACT INFORMATION

If you have any questions or comments regarding this Privacy Statement, please contact Customer Service at 877-310-2373.

7. ADDITIONAL PRIVACY INFORMATION FOR CALIFORNIA RESIDENTS

Pursuant to the California Consumer Privacy Act ("CCPA"), California residents have specific rights regarding their personal information, which are detailed below. This California-specific privacy section incorporates by reference Mariner's general Privacy Statement and provides a comprehensive description of our online and offline practices regarding the collection, use, and disclosure of personal information.

Note that the rights set forth under the CCPA do not apply to:

- Personal information collected, processed, sold, or disclosed pursuant to the federal Gramm-Leach-Bliley Act, and implementing regulations, or the California Financial Information Privacy Act;
- An activity involving the collection, maintenance, disclosure, sale, communication, or use of any personal information bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living by a consumer reporting agency by a furnisher of information who provides information for use in a consumer report and by a user of a consumer report; and
- Personal information that is collected by us about a natural person in the course of the natural person acting as a job applicant to, an employee of, owner of, director of, officer of, medical staff member of, or contractor of us to the extent that the natural person's personal information is collected and used by the business solely within the context of the natural person's role or former role as a job applicant to, an employee of, owner of, director of, officer of, medical staff member of, or a contractor of Mariner.

<p>Categories of Personal Information Collected</p> <p>Mariner may collect the following categories of personal information from you:</p>	<p>Categories of Sources from which Personal Information was Collected</p> <p>We obtain the categories of personal information from the following categories of sources:</p>	<p>Business or Commercial Purpose for the Collection</p> <p>Your personal information is collected by us, used, and/or disclosed for one or more of the following business purposes:</p>	<p>Categories of Third Parties with whom We Share Personal Information</p> <p>We may disclose your personal information to the following categories of third parties:</p>
<p>Category A: Identifiers</p> <p>Examples: Your real name, alias, postal address, unique personal identifier, online identifier, internet protocol address, email address, account name, social security number, driver's license number, passport number, or other similar identifiers.</p>	<p>1. Directly from our customers or their agents.</p> <p>Indirectly from our customers or their agents. For example, through information we collect in the course of providing services to our customers</p> <p>Directly and indirectly from activity on the Site. For example, from submissions</p>	<p>For auditing purposes related to our customer relationships, including, but not limited to, verifying the quality of ad impressions and auditing our compliance with applicable law;</p> <p>For detecting security incidents, protecting against malicious, deceptive, fraudulent, or illegal activity, and prosecuting those responsible for that activity;</p> <p>For debugging activities to identify and repair errors that impair Site functionality;</p> <p>For short-term use, provided that the personal information is not disclosed to another third party and is not used to build a profile about a consumer;</p>	<p>Our affiliates.</p> <p>Our service providers.</p> <p>Third parties to whom you or your agents authorize us to disclose your personal information in connection with products or services we provide to you.</p>

	<p>through our online loan application, Customer Account Center, and/or website usage details collected automatically.</p> <p>4.From third parties that interact with us in connection with the services we perform.</p>	<p>For performing services for Mariner or on behalf of a service provider, including maintaining or servicing accounts, providing customer service, processing or fulfilling orders and transactions, verifying customer information, processing payments, providing financing, providing advertising or marketing services, providing analytic services, or providing similar services on behalf of Mariner or a service provider;</p> <p>For internal research for technological development; and/or</p> <p>For use in activities to verify or maintain the quality or safety of Mariner's services, and to improve, upgrade, or enhance such services.</p>	
<p>Category B. Customer Records with Personal Information</p> <p>Examples:</p> <p>Note: Some personally identifiable information included in this category may overlap with other categories</p> <p>Any information that identifies, relates to, describes, or is capable of being associated with, a particular individual, including, but not limited to, his or her name, signature, social security number, address, telephone number, passport number, driver's license or state identification card number, insurance policy number, education, employment, employment history, bank account number, credit card number, debit card number, or any other financial information, medical information, or health insurance information.</p>	Same as Category A.	Same as Category A.	Same as Category A.
<p>Category C. Protected classification characteristics under State or federal law.</p> <p>Examples: Age (40 years or older), race, color, ancestry, national origin, citizenship, religion or creed, marital status, , sex (including gender, gender identity, veteran or military status)</p>	Same as Category A.	For performing services for Mariner or on behalf of a service provider, including maintaining or servicing accounts, providing customer service, processing or fulfilling orders and transactions, verifying customer information, processing payments, providing financing, , or providing similar	Same as Category A.

		<p>services on behalf of Mariner or a service provider; or</p> <p>For use in activities to verify or maintain the quality or safety of Mariner's services, and to improve, upgrade, or enhance such services.</p>	
<p>Category D: Commercial information.</p> <p>Examples: Information including, but not limited to, records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories or tendencies</p>	Same as Category A.	<p>For detecting security incidents, protecting against malicious, deceptive, fraudulent, or illegal activity, and prosecuting those responsible for that activity;</p> <p>For short-term use, provided that the personal information is not disclosed to another third party and is not used to build a profile about a consumer;</p> <p>For performing services for Mariner or on behalf of a service provider, including maintaining or servicing accounts, providing customer service, processing or fulfilling orders and transactions, verifying customer information, processing payments, providing financing, or providing similar services on behalf of Mariner or a service provider;</p> <p>For internal research for technological development; and/or</p> <p>For use in activities to verify or maintain the quality or safety of Mariner's services, and to improve, upgrade, or enhance such services.</p>	Same as Category A.
<p>Category E: Internet or other similar network activity.</p> <p>Examples: Information including, but not limited to, browsing history, search history, information regarding a consumer's interaction with a website, application, or advertisement</p>	Same as Category A.	Same as Category A.	Same as Category A.
<p>Category F: Professional or employment-related information.</p> <p>Examples: Current or past job history and/or performance evaluations.</p>	Same as Category A.	For performing services for Mariner or on behalf of a service provider, including maintaining or servicing accounts, providing customer service, processing or fulfilling orders and transactions,	Same as Category A.

		verifying customer information, processing payments, providing financing, providing advertising or marketing services, providing analytic services, or providing similar services on behalf of Mariner or a service provider; For use in activities to verify or maintain the quality or safety of Mariner's services, and to improve, upgrade, or enhance such services.	
Category G: Inferences drawn from other personal information. Examples: Information that can be used to create a profile reflecting a person's preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes.	Same as Category A.	1. Same as Category A.	Same as Category A.

Mariner does not offer any financial incentives for the collection, sale, or deletion of personal information.

Disclosure or Sale of Personal Information

In the preceding twelve (12) months, we have disclosed the following categories of personal information for a business purpose:

Category A:	Identifiers.
Category B:	Customer Records with personal information
Category C:	Protected classification characteristics under State or federal law.
Category D:	Commercial information
Category E:	Internet or other similar network activity.
Category F:	Professional or employment-related information.
Category G:	Inferences drawn from other personal information.

In the preceding twelve (12) months, we have not sold any personal information.

We do not sell the Personal Information of minors under 16 years of age without affirmative authorization.

Access to Specific Information

California residents have the right to request that we disclose certain information about our collection and use of your personal information over the past 12 months. Once we receive and confirm your verifiable consumer request, we will disclose to you:

- The categories of personal information we collected about you.
- The categories of sources for the personal information we collected about you.
- Our business purpose for collecting or selling that personal information.
- The categories of third parties with whom we share that personal information.
- The specific pieces of personal information we collected about you.
- If we sold or disclosed your personal information for a business purpose, two separate lists disclosing:
 - For sales of personal information, the personal information categories that each category of recipient purchased; and

- For disclosures of personal information for a business purpose, the personal information categories that each category of recipient obtained.

Deletion Request Rights

You have the right to request that we delete any of your personal information that we collected from you and retained, subject to certain exceptions. Once we receive and confirm your verifiable consumer request, we will delete (and direct our service providers to delete) your personal information from our records, unless an exception applies.

Please note, however, that we may deny your deletion request if retaining the information is necessary for us or our service providers to:

1. Complete the transaction for which we collected the personal information, provide a good or service that you requested, take actions reasonably anticipated within the context of our ongoing business relationship with you, or otherwise perform our contract with you.
2. Detect security incidents, protect against malicious, deceptive, fraudulent, or illegal activity, or prosecute those responsible for such activities.
3. Debug products to identify and repair errors that impair existing intended functionality.
4. Exercise free speech, ensure the right of another consumer to exercise their free speech rights, or exercise another right provided for by law.
5. Comply with the California Electronic Communications Privacy Act (Cal. Penal Code § 1546 *seq.*).
6. Engage in public or peer-reviewed scientific, historical, or statistical research in the public interest that adheres to all other applicable ethics and privacy laws, when the information's deletion may likely render impossible or seriously impair the research's achievement, if you previously provided informed consent.
7. Enable solely internal uses that are reasonably aligned with consumer expectations based on your relationship with us.
8. Comply with a legal obligation.
9. Make other internal and lawful uses of that information that are compatible with the context in which you provided it.

Right to Opt-Out of Sales:

You have the right, at any time, to direct us not to sell your personal information to a third party. This right may be referred to as the right to opt-out. Once we have received direction from you not to sell your personal information, we will not sell your personal information unless you subsequently provide express authorization for the sale of your personal information.

Exercising Your Rights:

To exercise your access and deletion rights described above, please submit a verifiable consumer request to us by either:

- Calling us at 877-310-2373, select option 3. Available Monday through Friday, 8:30 am EST to 5:00 pm EST, excluding observed holidays.

Filling out an online request at any time available at:

To opt- out of the sale of your personal information to a third party, please call us at 877-310-2373, select option 3 or click the following link:

Do Not Sell My Personal Information [LINK TO OPT OUT](#)

Only you or a person registered with the California Secretary of State that you authorize to act on your behalf, may make a verifiable consumer request related to your personal information. If you are opting out on behalf of

a California resident, please attach a written authorization signed by the California resident and authorizing you to make this request on their behalf. You may also make a verifiable consumer request on behalf of your minor child.

You may only make a verifiable consumer request for access or data portability twice within a 12-month period. The verifiable consumer request must:

- Provide sufficient information that allows us to reasonably verify you are the person about whom we collected personal information or an authorized representative.
- Describe your request with sufficient detail that allows us to properly understand, evaluate, and respond to it.

We cannot respond to your request or provide you with personal information if we cannot verify your identity or authority to make the request and confirm the personal information relates to you. Making a verifiable consumer request does not require you to create an account with us. We will only use personal information provided in a verifiable consumer request to verify the requestor's identity or authority to make the request.

Response Timing and Format

We endeavor to respond to a verifiable consumer request within 45 days of its receipt. If we require more time (up to 90 days), we will inform you of the reason and extension period in writing. If you have an account with us, we will deliver our written response to that account. If you do not have an account with us, we will deliver our written response by mail or electronically, at your option. Any disclosures we provide will only cover the 12-month period preceding the verifiable consumer request's receipt. The response we provide will also explain the reasons we cannot comply with a request, if applicable. For data access requests, we will select a format to provide your personal information that is readily useable and should allow you to transmit the information from one entity to another entity without hindrance.

We do not charge a fee to process or respond to your verifiable consumer request unless it is manifestly unfounded or excessive, for example, because of a repetitive nature. If we determine that the request warrants a fee, we will tell you why we made that decision and provide you with a cost estimate before completing your request.

Non-Discrimination

We will not discriminate against you for exercising any of your CCPA rights.

Accessibility

We are committed to ensuring this Privacy Policy is accessible to individuals with disabilities. If you wish to access this Privacy Policy in an alternative format, please contact us as described above

Revised 12/19.

[Print This Page](#)

Please read this E-Signature Disclosure and Consent carefully and keep a copy for your records.

E-Signature Disclosure and Consent

As used in this E-Signature Disclosure and Consent (“Consent”), the words “we,” “us,” or “our” refer to Mariner Finance, LLC (and its affiliates and subsidiaries); and the words “you,” “your,” and “yours” refer to each person in whose name a loan application is submitted and/or a loan is maintained. “Communication” means any application forms, loan agreements or amendments thereto, customer agreements or amendments thereto, disclosures, notices, responses to claims, transaction history, monthly statements, privacy policies, and all other information related to a loan application or your loans, or the services we offer, including, but not limited to, information that we are required by law to provide to you in writing.

You confirm that you can access and read and agree to all of the terms and conditions herein. You agree that your electronic signature will have the same force and effect, and will bind you to the all terms and conditions in the same manner and to the same extent as a physical signature would do. You also agree that any documents that you electronically sign are electronic records that may be transferred, authenticated, stored, and transmitted by electronic means. If you are accessing Communications through a device that we provide, a copy of the referenced Communications will be emailed to you to the email address that you provide so that you can print, save, or send them to a place where they may be printed/saved/viewed for future reference.

What Communications Will be Provided to You in Electronic Format

You agree that we may provide you with all disclosures and notices required by law or the Automated Clearing House System in connection with your loans with Mariner, including Communications in electronic format. Your consent to receive electronic Communications and conduct electronic transactions includes, but is not limited to, the execution and receipt of loan documents and the receipt of our privacy policies/notices and other notices/disclosures. By providing your electronic signature for a given loan document, you agree that you are legally bound by such document and you are solely and fully responsible for fulfilling all duties and obligations set forth in such document just as though you had signed in ink a paper copy of such document. If your loan is not for the purchase of goods or services and you are to receive any loan proceeds directly, you authorize us to electronically credit your designated checking or savings account with applicable loan proceeds.

How to Withdraw Your Consent

To withdraw your consent to receive future electronic Communications, you may contact us in any of the ways described below. We will not impose any fee to process the withdrawal of your consent, but your access to receive future Communications in electronic format will be terminated. Any withdrawal of your consent to receive electronic Communications will be effective only after we have a reasonable period of time to process your withdrawal.

System Requirements

To be able to access, view, and retain electronic Communications that we make available to you, you must have the following equipment and software:

- A personal computer or other device that is capable of accessing the Internet.
- A current Internet web browser that is capable of supporting 128-bit SSL encrypted communications, with cookies and java script enabled, such as the current major release of Microsoft Internet Explorer, Mozilla Firefox, Google Chrome or Apple Safari.
- Software that permits you to receive and access Portable Document Format or “PDF” files, such as the current version of Adobe Acrobat Reader.
- An email account with an Internet service provider and email software to permit you to participate in the Online Account services.

- To retain a copy of electronic Communications your device must have the ability to print, download and store PDF files.
- Sufficient electronic storage capacity on your device's hard drive or other data storage unit.

You will be notified if there are any significant changes in system requirements in order to confirm that you still meet the minimum system requirements to access and receive Communications in electronic format.

Requesting Paper Delivery of Disclosures and Notices

You can obtain a paper copy of an electronic Communication by printing it yourself or by requesting that we mail you a paper copy. To receive a paper copy of any Communication provided by Mariner Finance, LLC at no charge, please request it in one of the following ways:

- Send an email message with your name and mailing address to: websupport@marinerfinance.com
- Call our Corporate Offices at 443-438-2056
- Send a letter to: 8211 Town Center Dr., Nottingham, MD 21236

Attn: Web Support

Be sure to request the specific Communication you want in a paper format.

No Fees for Electronic Communications

There is no charge for electronic delivery of the Communications.

Communications in Writing; Updating Contact Information

All Communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this Consent and any other Communication that is important to you. You agree to update any contact information that you provide to us, including any email address, by contacting us through one of the above methods.

Federal Law

You acknowledge and agree that your consent to electronic Communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal E-Signature Act, and that you and we both intend that the E-Signature Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

Please read the below information carefully and keep a copy for your records.

As used in the following consents and disclosures, the words “we,” “us,” “our,” or “Company” refer to Mariner Finance, LLC, Personal Finance Company LLC, and their affiliates and subsidiaries; and the words “you,” “your,” and “yours” refer to the person acknowledging these consents and disclosures. “Communication” means any application forms, loan agreements or amendments thereto, customer agreements or amendments thereto, disclosures, notices, responses to claims, transaction history, monthly statements, privacy policies, and all other information related to a loan application or your loans, or the services we offer, including, but not limited to, information that we are required by law to provide to you in writing.

E-Signature Disclosure and Consent

You confirm that you can access, read, and agree to all of the terms and conditions herein. You agree that your electronic signature will have the same force and effect and will bind you to the all terms and conditions in the same manner and to the same extent as a physical signature would do. You also agree that any documents that you electronically sign are electronic records that may be transferred, authenticated, stored, and transmitted by electronic means. If you are accessing Communications through a device that we provide, a copy of the referenced Communications will be provided to you in hardcopy or emailed to you to the email address that you provide so that you can print, save, or send them to a place where they may be printed/saved/viewed for future reference.

What Communications Will be Provided to You in Electronic Format. You agree that we may provide you with all disclosures and notices required by law or by the Automated Clearing House System in connection with your loan(s) with Company, including Communications, in electronic format. Your consent to receive electronic Communications and conduct electronic transactions includes, but is not limited to, the execution and receipt of loan documents, and the receipt of our privacy policies/notices, and of any other notices/disclosures. By providing your electronic signature for a given loan document, you agree that you are legally bound by such document, and you are solely and fully responsible for fulfilling all duties and obligations set forth in such document just as though you had signed in ink a paper copy of such document. If your loan is not for the purchase of goods or services and you are to receive any loan proceeds directly, you authorize us to electronically credit your designated checking or savings account with applicable loan proceeds.

How to Withdraw Your Consent. To withdraw your consent to receive future electronic Communications, you may contact us in any of the ways described below. We will not impose any fee to process the withdrawal of your consent, but your access to receive future Communications in electronic format will be terminated. Any withdrawal of your consent to receive electronic Communications will be effective only after we have a reasonable period of time to process your withdrawal.

System Requirements. To be able to access, view, and retain electronic Communications that we make available to you, you must have the following equipment and software:

- A personal computer or other device that is capable of accessing the Internet.
- A current Internet web browser that is capable of supporting a minimum of 128-bit SSL encryption using the TLS 1.1 standard, with cookies and java script enabled, such as the current major release of Microsoft Internet Explorer, Mozilla Firefox, Google Chrome or Apple Safari.
- Software that permits you to receive and access Portable Document Format or “PDF” files, such as the current version of Adobe Acrobat Reader.
- An email account with an Internet service provider and email software to permit you to participate in the Online Account services.

- To retain a copy of electronic Communications your device must have the ability to print, download and store PDF files.
- Sufficient electronic storage capacity on your device's hard drive or other data storage unit.

You will be notified if there are any significant changes in system requirements in order to confirm that you still meet the minimum system requirements to access and receive Communications in electronic format.

Requesting Paper Delivery of Disclosures and Notices. You can obtain a paper copy of an electronic Communication by printing it yourself or by requesting that we mail you a paper copy. To receive a paper copy of any Communication provided by Company at no charge, please request it in one of the following ways and be sure to include the specific Communication you would like in paper format:

- Send an email message with your name and mailing address:
 - For Mariner Finance, LLC: contactus@marinerfinance.com, or
 - For Personal Finance Company LLC: contactus@personalfinancecompany.com
- Call our Corporate Offices at 443-438-2056
- Send a letter to:
8211 Town Center Dr.,
Nottingham, MD 21236
Attn: Web Support

No Fees for Electronic Communications. There is no charge for electronic delivery of Communications.

Communications in Writing; Updating Contact Information. All Communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this E-Signature Disclosure and Consent and any other Communication that is important to you. You agree to update any contact information that you provide to us, including any email address, by contacting us through one of the above methods.

Federal Law. You acknowledge and agree that your consent to electronic Communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal E-Signature Act, and that you and we both intend that the E-Signature Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

By signing below, you hereby give your affirmative consent to the terms and conditions of our E-Sign Consent and Disclosure Policy and for us to provide electronic Communications to you as described in the Policy above. You further agree that you have provided us with a current email address at which we may send electronic Communications to you. This E-Sign Disclosure and Consent replaces any previous E-Sign Disclosure and Consent.

December 04, 2020

Date


Borrower

Date

Borrower

Date

Borrower

Date

Borrower

Texting Terms of Use

By providing your mobile number (including any mobile number provided in the future or other phone number later converted to a mobile phone number), you consent to be contacted by Mariner Finance, LLC, or an affiliated company (hereinafter “Company”), Company’s agents, employees, attorneys, subsequent creditors, loan servicing companies, and third-party collectors, through the use of SMS text messages sent from an automatic telephone dialing system (or any other means) regarding the loan and services for which you have applied. You agree and acknowledge that you have provided your consent to be contacted by text message in exchange for the loan or services you received from Company and that these Terms of Use shall be incorporated into any concurrent or subsequent agreements entered into between you and the Company.

You understand that your cellular provider’s message and data rates may apply to text messages sent from Company and that Company has no liability for the cost of any such text messages. You certify that you are the subscriber or non-subscribing customary user and are authorized to consent to receive text messages on the mobile phone number provided and that you are authorized to incur any message or data charges that may apply. Company is not responsible for incomplete, lost, late, or misdirected messages, including (but not limited to) undelivered messages resulting from any form of filtering by your mobile carrier or service provider or otherwise.

You acknowledge that text messages sent to your phone may be seen by anyone with access to your phone. As such, you agree to take steps to safeguard your phone and text messages so long as you would like any such messages to remain private. You acknowledge and agree that you want to receive text messages even though there is a risk another person could access those messages. You agree to notify Company immediately of any change of address, if you change mobile numbers, or if you plan to provide your phone to another person.

Company’s Texting Terms of Use can be modified at any time. The current version of the Terms of Use will be posted on the Company’s website. Company may terminate the text message program at any time.

Opt-Out or STOP

You understand that if you wish to stop receiving all text messages from Company, you must reply to any text messages from Company with the word STOP.

If at any time you need Company’s contact information or information on text messages, you can reply to any text message from Company by typing HELP. Some of the text messages Company sends may include links to websites. To access these websites, you will need a web browser and Internet access.

For questions about these Terms of Use, requests for a paper copy of these Terms of Use, or any other requests regarding these Terms of Use, the following contact information may be used:

8211 Town Center Drive

Nottingham, MD 21236

Tel. Number: 877-310-2373

Email Address: customersupport@marinerfinance.com

CREDIT AND CONTACT AUTHORIZATION FORM


By providing responses to application questions, I understand that I am making application to Mariner Finance, LLC, Personal Finance Company LLC, an affiliated company, and/or its agent(s) (hereinafter collectively referred to as "Company") for a loan for the purpose described in the application. If the application is submitted through one or more third parties to Company, I authorize such third parties to share any information that I have provided with Company. I authorize Company to order credit reports on me from time to time and to make whatever credit inquiries Company deems necessary in connection with this credit application or in the course of review, refinance or collection of any credit extended in reliance on this application. I authorize any person or consumer reporting agency to complete, compile and furnish to Company any information that Company may request. I certify that all information I have provided in connection with this application and request for credit is true, accurate and complete. I authorize Company (and any financial service provider that Company may ask to evaluate my request) to verify the information I have given and obtain information about me from a consumer reporting agency or other sources. Further, by signing my name below and by providing my mobile number, home number (including any phone number that I later convert to a mobile phone number), or email address to Company, I understand that in conjunction with my application to and request for services from Company as described in my application, I agree that all information that I provide or that Company obtains in connection with my application or otherwise: (i) may be used by Company to process my request and that Company may contact me via telephone, text message, or email using any telephone number and/or email address that I have provided; (ii) will remain Company's property whether or not credit is extended; and (iii) may be disclosed by Company to any of its subsidiaries, affiliates, and assigns.

Further, in exchange for Company's processing of this request and any potential loan or service provided to me by Company, I expressly consent and agree to receive phone calls, text messages, and emails by or on behalf of Company regarding the processing of my request and, if approved, for other transactional purposes, such as the collection and servicing of all of my accounts with Company. Such consent includes, but is not limited to, manual calling methods, prerecorded or artificial voice messages, text messages, emails and/or calls placed using an automatic telephone dialing system. I understand that my consent for non-marketing, informational calls and messages applies to each phone number and email address that I provide to Company now or in the future.


I understand that any text messages Company sends to me may be accessed by anyone with access to my text messages. I acknowledge that my mobile phone service provider may charge me fees for text messages that Company sends to me, and I agree that Company shall have no liability for the cost of any such text messages. I understand that I may unsubscribe from text messages by replying "STOP" to any text message that I receive from Company or on Company's behalf.

Finally, by signing below, I acknowledge that I have been provided a copy of and agree to the terms and conditions set forth in Company's Texting Terms of Use.


Applicant Signature


Applicant Name (Please Print)

12/04/2020
Date


Mobile Phone number

Applicant Signature

Applicant Name (Please Print)

Date

Mobile Phone number

AGREEMENT TO RECEIVE MARKETING TEXT MESSAGES

By signing this Agreement to Receive Marketing Text Messages, I authorize Mariner Finance, LLC, Personal Finance Company LLC, any affiliated company, and/or its agent(s) (hereinafter collectively referred to as "Company") to send marketing text messages using an automatic telephone dialing system to the mobile number I have provided and that is listed below. I understand that I am not required to authorize marketing text messages to obtain credit or other services from Company. I acknowledge that if I do not wish to receive, sales or marketing text messages from Company, I should not sign this section. I further understand that any messages Company sends to me may be accessed by anyone with access to my text messages. I acknowledge that my mobile phone service provider may charge me fees for text messages that Company sends to me, and I agree that Company shall have no liability for the cost of any such text messages. I understand that I may unsubscribe from marketing text messages by replying "STOP" to any text message that I receive from Company or on Company's behalf.

Mobile Telephone Number: [REDACTED] _____

Customer Name: [REDACTED] _____

Signature: [REDACTED] _____

Date: 12/04/2020 _____

Mobile Telephone Number: _____

Customer Name: _____

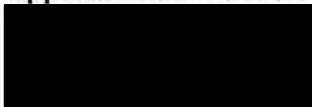
Signature: _____

Date: _____

Mariner Finance, LLC

Lender Number: 6007-0000024925

Date: 12/04/2020

Applicant Name and Address 	Office Address and Phone Number 1380 HANOVER AVE ALLENTOWN, PA 18109 (484) 550-6958
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Your Credit Score and the Price You Pay for Credit

Your Credit Score	
Your Credit Score	623
Source: Equifax	Date: 12/03/2020

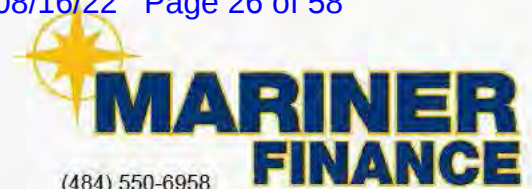
Understanding Your Credit Score	
What you should know about credit scores	<p>Your credit score is a number that reflects the information in your credit report.</p> <p>Your credit report is a record of your credit history. It includes information about whether you pay your bills on time and how much you owe to creditors.</p> <p>Your credit score can change, depending on how your credit history changes.</p>
How we use your credit score	Your credit score can affect whether you can get a loan and how much you will have to pay for that loan.
The range of scores	<p>Scores range from a low of <u>299</u> to a high of <u>850</u>.</p> <p>Generally, the higher your score, the more likely you are to be offered better credit terms.</p>
How your score compares to the scores of other consumers	Your credit score ranks higher than <u>25</u> percent of U.S. consumers.

Checking Your Credit Report	
What if there are mistakes in your credit report?	<p>You have a right to dispute any inaccurate information in your credit report. If you find mistakes on your credit report, contact the consumer reporting agency.</p> <p>It is a good idea to check your credit report to make sure the information it contains is accurate.</p>
How can you obtain a copy of your credit report?	<p>Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year.</p> <p>To order your free annual credit report—</p> <p><i>By telephone:</i> Call toll-free: 1-877-322-8228</p> <p><i>On the web:</i> Visit www.annualcreditreport.com</p> <p><i>By mail:</i> Mail your completed annual credit report Request Form (which you can obtain from the Federal Trade Commission's web site at http://www.ftc.gov/bcp/online/include/requestformfinal.pdf) to:</p> <p>Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281</p>
How can you get more information?	For more information about credit reports and your rights under federal law, visit the Federal Reserve Board's web site at www.federalreserve.gov , or the Federal Trade Commission's web site at www.ftc.gov .

Date: 12/03/2020
 Amount Requested \$ 2,250.00
 Application Taken:
 () In person () By telephone
 () By mail (X) E-mail, Web-site or electronically
 Proceeds of Credit To be Used for
 Unexpected Expenses/Bills
 Lender # 6007-0000024925

1380 HANOVER AVE
 ALLENTOWN, PA 18109

(484) 550-6958
 Fax: (610) 439-1730



LOAN APPLICATION

APPLICANT - Please read the following before completing this form. Married applicants may apply for an individual account. I am applying for (☒) INDIVIDUAL CREDIT or () JOINT CREDIT

APPLICANT INFORMATION	Name (Last, First, Middle I.)		Home Phone	Cell Phone	Date of Birth
	Street Address		City, State, Zip		How Long?
	Social Security Number	Drivers License Number	E-mail Address		
	Former Address (if current address is less than 3 years)		Second Former Address (if current address is less than 3 years)		
	Employer Name and Address		Marital Status - Do not complete if this is an application for individual unsecured Credit () Married () Unmarried () Separated		
	Phone Number	Position/Department	Length of Employment		
	Gross Monthly Income \$ 4,704.27	Net Monthly Income (Take Home Pay) \$ 2,803.93		Second Former Employer (if less than 3 years)	
	Additional Income Name		Retirement Pension Amount \$	Social Security Benefit Amount \$ 0.00	
	Gross Additional Income \$	Net Monthly Income (Additional Income) \$		Dividends Amount \$	Rental Property Income Amount \$
	Other Income Source(s): Income from alimony, child support, or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. \$		Receiving Child Support Amount \$		Receiving Alimony Amount \$
CO-APPLICANT INFORMATION	Name (Last, First, Middle I.)		Home Phone	Cell Phone	Date of Birth
	Street Address		City, State, Zip		How Long? years
	Social Security Number	Drivers License Number	E-mail Address		
	Former Address (if current address is less than 3 years)		Second Former Address (if current address is less than 3 years)		
	Employer Name and Address		Marital Status - Do not complete if this is an application for individual unsecured Credit () Married () Unmarried () Separated		
	Phone Number	Position/Department	Length of Employment		
	Gross Monthly Income \$	Net Monthly Income (Take Home Pay) \$		Second Former Employer (if less than 3 years)	
	Additional Income Name		Retirement Pension Amount \$	Social Security Benefit Amount \$ 0.00	
	Gross Additional Income \$	Net Monthly Income (Additional Income) \$		Dividends Amount \$	Rental Property Income Amount \$
	Other Income Source(s): Income from alimony, child support, or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. \$		Receiving Child Support Amount \$		Receiving Alimony Amount \$

Assets

	Amount	
Home	\$ 0.00	
2nd Home / Vacation Property	\$ 0.00	
Rental Property	\$ 0.00	
Land	\$ 0.00	
Total Real Estate	\$ 0.00	
Auto 1 Description Auto - Year Make Model 2008 Honda Civic	\$ 1,975.00	[A] Applicant
Auto 2 Description Year Make Model	\$	
Auto 3 Description Year Make Model	\$	
Other Motor Vehicles or Equipment	\$ 0.00	
Life Insurance Policies	\$ 0.00	
Bank/ Credit Union Accounts Checking	\$ 0.00	
Bank/Credit Union Accounts - Savings/ Certificates of Deposit/ 401K	\$ 0.00	
Trust accounts/ Annuities/ Stocks & Bonds	\$ 0.00	
Other	\$ 0.00	
Total Assets	\$	1,975.00



Liabilities				
Mortgage or Contract Holder		Address	Monthly Payment	Amount
1 st Mortgage			\$	\$ 0.00
2 nd Mortgage			\$	\$ 0.00
Other Mortgages- Land, rental property, vacation or 2nd home			\$	\$ 0.00
Mobile Home Payment/ Land payment			\$	\$ 0.00
Rent / Lot Rent			\$	\$ 0.00
Other Mortgages			\$	\$ 0.00
Declared Monthly Pmt – rent / mortg	Renting		\$ 600.00	
Declared Monthly Pmt – rent / mortg			\$ 0.00	
Total Real Estate			\$ 600.00	\$ 0.00
Creditors		Nature of Debt	Monthly Payment	Amount
Auto 1		NET FCU	\$	[A] Applicant \$
Auto 2		CREDITACPT	\$	[A] Applicant \$
Auto 3			\$	\$
Ti le Pawn/ Rent to Own/ Check Cashers			\$	\$ 0.00
Co-signed Debts			\$	\$ 0.00
Finance Companies		KASHABLELL BMGMONEYIN	\$ 825.00	[A] Applicant \$ 13,761.00
Job related expenses (other than daycare & childcare)			\$	\$ 0.00
All Medical/Drugs			\$	\$ 0.00
Alimony/Child Support Court ordered () Yes () No			\$	\$ 0.00
Bank Loans		NET FCU DPT ED/NAV	\$ 321.79	[A] Applicant \$ 15,098.00
Credit Cards		SYNCB/QVC CAP ONE KOHLS/CAP1 SYNCB/AMAZ	\$ 212.00	[A] Applicant \$ 3,710.00
Other			\$	\$ 0.00
Total of Recurring Debts (other than Real Estate)			\$ 1,358.79	\$ 32,569.00
Total Debts			\$ 1,958.79	\$ 32,569.00
Job related expenses: Daycare & Childcare			\$ 0.00	\$ 0.00

* Asterisk indicates that this amount will be paid with the proceeds from this loan. Total Monthly Payments \$ 1,958.79 Total Outstanding Debts \$ 32,569.00

Total Net Income	\$ 2,803.93
Net Debt Ratio	% 69.85

Declarations

By signing below, you authorize us to make whatever credit inquiries and obtain such credit reports as we deem necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. You authorize and instruct any person to complete and furnish to us any information that we may request and agree that such information, along with this application, shall remain our property whether or not credit is extended. You authorize us to disclose any information in or relating to this application and loan account if approved (including information received from third persons) to any applicant for, or guarantor of, this credit, to financial service providers we select to provide you with financial products and services we do not offer ourselves, and to any potential assignee, transferee, or participant in the credit to which this application relates. You represent that this application lists all debts and obligations you have, including those upon which you are jointly obligated, and that all information provided is true.

Applicant Signature

12/4/2020

Date

Co-Applicant Signature

Date

First Payment Date Request Form (PA.)

Loan #: XXXXXXXXXX

I request the following first payment date in connection with my loan from Mariner Finance, LLC for my convenience:

Requested First Payment Date: 01/08/2021

I acknowledge that interest begins to accrue in connection with my loan on the loan date.

Borrower

12/04/2020
Date

Co-Borrower

Date _____

Name & Mailing Address of Borrower(s)	Co-Borrower(s)	Maturity Date	Account No.
		12/08/2024	
CO-BORROWER ADDRESS IF NOT THE SAME		Loan Date	Loan Type
		12/4/2020	10

The borrower(s) who sign this Note, Security Agreement & Arbitration Agreement (*note*) are called *you* or *your*. The lender/creditor, **Mariner Finance, LLC**, whose address is 1380 HANOVER AVE, ALLENTOWN, PA 18109, is called *we*, *us*, or *our*. Each borrower is responsible for individually repaying the loan in full.
These disclosures are required by law and are part of this note:

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.
27.68 %	\$ 3,124.72	\$ 4,680.97	\$ 7,805.69

Your payment schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 176.18	01/08/2021 First Payment Date
47	\$ 162.33	Other payments are due on the same date each following month until paid in full.

Security: You are giving a security interest in: ☐ the goods or property being purchased. ☒ PP (“PP” means certain household items)

Late Payment: If a payment is not received within 10 days after it is due, you will pay a late charge of 1.5% per month of such payment, but no less than \$1.00.

Prepayment: If you pay off early, you will not have to pay a penalty and you may be entitled to a refund of part of the finance charge.

See the rest of this note for additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties. *e means an estimate*

Itemization of Amount Financed

- 1. \$ 534.72 Net Balance-Prior Account
- 2. \$ NONE Plus Accrued Interest
- 3. \$ 480.94 Unpaid Balance-Prior Account
- 4. \$ 126.45 To Insurance Company for Life Ins.*
- 5. \$ 308.56 To Insurance Company for Dis. Ins.*
- 6. \$ 520.88 To Insurance Company for Household Property Ins.*
- 7. \$ NONE To Insurance Company for Non-Filing Ins.*
- 8. \$ 384.14 To Insurance Company for Invol. Unemp. Ins.*
- 9. \$ NONE To us for Auto Physical Damage Ins.*
- 10. \$ NONE To Public Officials for Recording Fees
- 11. \$ 2,860.00 Cash to Borrower(→)
- 12. \$ 4,680.97 Amount Financed (Sum of 3-11)
- 13. \$ 150.00 Service Charge (Prepaid Finance Charge)

At your direction and request, on your behalf and for your benefit, we will disburse the following (including any items described on Schedule B):

- a) \$ 2,500.00 To
- b) \$ 360.00 To
- c) \$ NONE To N/A
- d) \$ NONE To N/A
- e) \$ NONE To N/A
- f) \$ NONE To N/A
- g) \$ NONE To N/A
- h) \$ NONE To N/A

*We or our affiliates may receive benefits from your purchase of these items.

If you do not meet your contract obligation, you may lose the Property that secures this loan.

\$ 2,974.72	Discount
\$ 13.85	First Payment Extension Charge

You promise to pay us the Total of Payments, which includes interest at the rate of 25.80 % per year (the *Interest Rate*), in monthly payments as scheduled above. Each payment is applied first to late charges, then to Finance Charge and then to principal, or in any order we decide. The late charge will continue to be charged on amounts unpaid after maturity (including after any judgment) until paid in full. You may prepay this note without penalty. If you prepay in full, we will refund any unearned interest portion of the Finance Charge using the Rule of 78’s refund method for notes with an original term of 61 months or less. We will use the Actuarial refund method for notes with an original term of greater than 61 months. No refund of less than \$1.00 will be made. If you prepay between scheduled payment dates, the refund is computed as of the next payment due date. The Service Charge is earned when the loan is made and will not be refunded. Partial prepayments will be applied against the unpaid balance and you must still make each scheduled monthly payment until the entire balance is paid.

Credit life, credit disability and involuntary unemployment insurance are not required to get credit, and won’t be provided unless you sign and agree to pay the additional cost.

Credit Life		You want credit life insurance.	Signature
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Joint Coverage	\$ 126.45	You also want joint credit life insurance.	Signature
Credit Disability		You want credit disability insurance	Signature
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Joint Coverage	\$ 308.56	You also want joint credit disability insurance.	Signature
Involuntary Unemployment	\$ 384.14	You want involuntary unemployment insurance.	Signature

Property Insurance. If the Property (as defined below) is a motor vehicle, you agree to buy and maintain primary automobile physical damage insurance consisting of comprehensive and collision coverage, covering loss or damage to the Property. You may buy property insurance (automobile physical damage insurance and household property insurance) from anyone you want. If you get dual interest primary automobile physical damage insurance through us for a term of N/A months you will pay \$ NONE. If you get dual interest household property insurance through us for a term of 48 months you will pay \$ 520.88.

You want ☐ dual interest primary automobile physical damage insurance ☒ dual interest household property insurance through us.
Signature

You grant us a security interest in the following property, all parts, accessories, and equipment now or later added to the property, and all proceeds (collectively, the *Property*). We give up any right we have (now or later) to consider collateral you give us for another obligation as collateral for this note unless it is described in this note.

☐ Motor Vehicle(s) described as follows

NEW OR USED	YEAR AND MAKE	NO. CYL	SERIES NAME (Also No. if applicable)	BODY, TYPE & MODEL NO. (If truck, tons capacity)	IDENTIFICATION NO. (Serial or Motor No.)

☒ Personal Property. See attached Schedule A, which is part of this note, for more detail.

You promise that: you are the owner of the Property and, if there is a certificate of title to the Property, you will promptly deliver the certificate to us; you will not sell, lease or otherwise dispose of the Property without our prior written consent; you will keep the Property in this state, unless the Property is a motor vehicle, in which case you only will use it outside this state in the course of your normal use of the Property; you will not use the Property in violation of any law or in any manner inconsistent with any insurance policy; you will pay all taxes, assessments and other fees payable

on the Property when they are due and payable; only we have a security interest in the Property unless you have told us in writing about another security interest; you will not permit any other security interest to be on the Property without our prior written consent; and you will keep the Property in good condition and repair and you will not permit anything to be done to the Property that would impair its value.

ADDITIONAL TERMS AND CONDITIONS

1. If you make a payment with a check that is dishonored, you agree to pay us a bad check fee of \$50.00.
2. We may inspect the Property at any reasonable time. You will show us the Property or give us a written statement showing the location of the Property whenever we ask. You authorize us to file all financing statements, continuation statements and security interest filing statements with respect to the Property and you agree to sign such statements at our request.
3. You will keep the Property insured for its full value against loss or damage. If the Property is a motor vehicle, your physical damage insurance policy must insure the Property for its full replacement value with a deductible amount of no more than \$500. Your insurance policies must say that the insurance is payable to us to the extent of what you owe us and you must give us a loss payable clause satisfactory to us. You assign any returned or unearned insurance premiums due upon cancellation of any insurance policy to us. You direct the insurance companies to pay us all insurance proceeds and returned or unearned premiums.
4. You will be in default if: you do not make a payment on time; you are (or any other person puts you) in bankruptcy, insolvency or receivership; any credit information you gave to us or any representation you make to us in this note is materially wrong; you do not fulfill any obligation of yours in this note; or you die.
5. When you are in default, we may require you to pay this loan plus accrued charges less a refund of interest computed in the same way as if you had made payment in full in advance, at once, in addition to any other remedies we have. If we place this note in the hands of an attorney, not our salaried employee, for collection, you agree to pay our attorney fees. You also agree to pay all court costs and actual reasonable expenses of repossessing, storing and selling the Property.
6. When you are in default, we have the rights and remedies of a secured party under Pennsylvania law, including the right to repossess the Property. If we repossess the Property other than by legal process, we will send you a repossession notice. The notice will inform you that the Property will be sold at a public or private sale, and that you may get the Property back by paying the full amount owed under the note (redeem) within 15 days of the date of mailing of the notice. In our discretion, we may also allow you to get the Property back by paying all past due payments and default charges (reinstate) within 15 days of the date of mailing of the notice. We will tell you how much you must pay to redeem the Property or (if we allow it) reinstate the note. The repossession notice may be sent to your address last shown on our records. We may require you to assemble and make the Property available to us at any place convenient to both of us. If any of your possessions are in or attached to the Property at the time it is repossessed, you authorize us to take them without any liability. We will store them for you safely. We will tell you where they are stored and you may redeem them. If you do not claim your possessions within 30 days after the Property is repossessed, we may dispose of them in any manner we deem appropriate without notice to you, unless required otherwise by applicable law. You agree to pay any deficiency after the sale of the Property.
7. We can waive or delay enforcing any of our rights without losing them. We can waive or delay enforcing a right against one of you without losing it as to the other. We can release one of you without releasing the other. You consent to extensions of time without notice.
8. Pennsylvania law and federal law govern this note. If any part of this note is unenforceable, this will not make any other part unenforceable (subject to the paragraph below titled **Other Agreements**). You won't be required to pay interest or charges in excess of those permitted by law. In addition, if any provision of this note is contrary to the rights and protections afforded to any "covered borrower" as defined in the Military Lending Act, such contrary provision of this note shall be inoperative and shall have no force or effect in connection with such "covered borrower;" however all remaining provisions of this note shall remain in full force and effect.

Military Lending Act Disclosures: THE FOLLOWING DISCLOSURES APPLY IF YOU ARE AN ACTIVE DUTY MEMBER OF THE MILITARY OR A DEPENDENT OF AN ACTIVE DUTY MILITARY MEMBER.

Mariner Finance appreciates your and your family's service to our country. As an active duty member of the military (or dependent of an active duty military member), the Federal Military Lending Act ("MLA") provides you with certain protections. Please see below for important information about your loan.

Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependents may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums, fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

Please also call 1-877-299-3124 to receive your MLA disclosures over the phone.

READ THE BELOW ARBITRATION AGREEMENT CAREFULLY. IT PROVIDES, AMONG OTHER TERMS:

- **YOU OR WE MAY ELECT TO HAVE DISPUTES BETWEEN US RESOLVED BY BINDING ARBITRATION INSTEAD OF IN COURT.**
- **IN ARBITRATION YOU GIVE UP THE RIGHT TO SUE IN COURT AND DISCOVERY AND RIGHTS OF APPEAL ARE LIMITED. A NEUTRAL ARBITRATOR RESOLVES THE DISPUTE INSTEAD OF A JUDGE OR JURY.**
- **YOU MAY NOT PARTICIPATE AS A CLASS REPRESENTATIVE OR MEMBER IN ARBITRATION OR IN ANY OTHER CONSOLIDATED PROCEEDING.**
- **YOU MAY REJECT THE BELOW ARBITRATION AGREEMENT FOR A CERTAIN AMOUNT OF TIME AFTER THE NOTE DATE.**

The below Arbitration Agreement does not apply to any "covered borrower" as defined in the Military Lending Act.

By signing this note, you agree to this Arbitration Agreement (Agreement). This Agreement is part of your note. In this Agreement, "you," "we," "us," and "our" include subsidiaries, affiliates, agents, employers, successors, and assigns.

Arbitration Agreement. You or we may elect to have any Claim (defined below) resolved by neutral binding arbitration instead of in court. You waive any right you have to resolve a Claim between you and us in court. You waive any right you have to participate as a class representative or class member.

Claim. Claim means any claim or dispute, whether arising in law, equity, or otherwise, and regardless of the type of relief sought involving your application for credit, the note, the origination, servicing and enforcement of the obligation, any insurance contract or warranty or other product or service you buy, the validity, enforceability and scope of this Agreement and the note, and any relationship that results from the note or underlying obligation. Claim includes initial claims, counterclaims, cross-claims, and third-party claims.

Small Claims. You and we retain the right to seek individual relief in small claims court so long as the Claim is only in that court and is within that court's jurisdiction. Filing or pursuing a Claim in small claims court does not waive any right to seek arbitration for Claims outside the court's jurisdiction or if the Claim is transferred, removed, or appealed to a different court.

Excluded Claims. The following claims, called Excluded Claims, are excluded from the arbitration process: self-help remedies (such as repossession), foreclosure, replevin, garnishment, and/or individual injunctive relief. Pursuing an Excluded Claim in court does not waive any right to seek arbitration for Claims outside the court's jurisdiction, or if an Excluded Claim is transferred, removed, or appealed to a different court.

Non-Waiver. Even if a Claim is brought in court, you or we may choose to arbitrate any Claim made by a new party or any Claim later asserted by a party in that action or any related or unrelated lawsuit.

Arbitration Process. Arbitrations will be conducted by the American Arbitration Association (“AAA”) or, if the AAA is not available, another arbitration organization, subject to agreement by both you and us. You can find the rules of the AAA by visiting its website at www.adr.org. Arbitrators must be attorneys or retired judges with at least 15 years of experience practicing law. Arbitrators must be selected according to rules of the AAA or any other agreed arbitration organization. Arbitrators must apply substantive governing law and applicable statutes of limitation.

The arbitration hearing will be conducted in the federal district where you live. The arbitration may take place somewhere else more convenient to you if required by the rules of the AAA or any other agreed arbitration organization. If you and we agree, the arbitration can be conducted by telephone. We will advance and/or pay any fees and costs required by the rules of the AAA or any other agreed arbitration organization to ensure this arbitration agreement is enforceable. You and we will each pay our own attorney’s fees and witness and experts’ expenses, except as otherwise required by law or this Agreement. The arbitration award must be in writing. Any award must be kept confidential. The arbitrator’s decision is final and binding. You and we have a limited right to appeal as permitted under the Federal Arbitration Act.

30 Days to Resolve Claims. Before you start an arbitration, you agree to write to us at our address at the top of the note (or any changed address that we have provided to you in writing) and give us a reasonable opportunity to resolve your Claim. Your letter must tell us your name and account number, describe your Claim, including the dollar amount of your Claim, and describe any other information you need from us.

Before we start an arbitration, we must write to you at your address at the top of the note (or any changed address that you have told us about in writing), describe our Claim, including the dollar amount of our Claim, and give you a reasonable opportunity to resolve the Claim.

We each have 30 days from receipt of notice to resolve the Claim before starting an arbitration.

Limitations. The arbitrator may award punitive damages if allowed under similar circumstances in a state court in the state where the arbitration occurs. The arbitrator must follow applicable state and federal laws regarding the amount of punitive damages. The arbitrator must state the exact amount of the punitive damages award. The arbitrator must allow you and us the same procedural rights and use the same standards and guidelines that would apply in a lawsuit in the state where the arbitration occurs. The arbitrator may award individual injunctive relief for the benefit of either party to the arbitration. The arbitrator may not award injunctive relief for the benefit of other persons.

Applicable Law. This Agreement relates to a credit transaction involving interstate commerce. Any arbitration under this Agreement is governed by the Federal Arbitration Act (9 U.S.C. § 1 *et seq.*), and only in the event and to the limited extent that the Federal Arbitration Act does not apply, the law of the state governing your note will apply.

CLASS ACTION WAIVER. *Other than as expressly provided in this Agreement, you and we agree that only an arbitrator may resolve Claims. You agree not to bring or participate as a class representative or a class member in any class action in arbitration or in any other consolidated proceeding. Any Claim between you and us must be resolved on an individual basis. Arbitration is not available and will not be conducted on a class-wide basis.*

Other Agreements. If any part of this Agreement, other than the Class Action Waiver, is found by a court or arbitrator to be unenforceable, the remainder is enforceable. If the Class Action Waiver is found by a court or arbitrator to be unenforceable, the remainder of this Agreement is unenforceable. This Agreement will survive the termination of the note, regardless of reason for termination. Either you or we can compel arbitration in any court proceeding, regardless of which party filed suit. Either you or we can enforce an arbitration award. This Agreement does not stop you from filing a complaint with a federal, state, or local regulator.

Rejection of Agreement. *You may reject this Agreement by sending us a rejection notice at our address at the top of the note (and no other location) within 60 days after the date of the note. The notice must include a statement that you reject the Agreement, and your name address, telephone number, and note number. You must sign the rejection notice in order for it to be effective.*

You received a completely filled in copy of this note before you signed it. **All 3 pages of this note and Schedules A and B (if any) are specifically incorporated in this note by reference.** This note (all 3 pages) and Schedules A and B (if any) is your entire agreement with us and cannot be changed except in writing signed by us. **Pages 2 and 3 contain an arbitration agreement that is part of this note. By signing below, you agree to all of the terms of this note and you authorize us to order credit reports on you from time to time.** You ask us to make the payments listed above and on Schedule B (if any).

_____	_____ (SEAL)
(WITNESS)	(BORROWER)
_____	_____ (SEAL)
(WITNESS)	(BORROWER)
_____	_____ (SEAL)
(WITNESS)	(BORROWER)
_____	_____ (SEAL)
(WITNESS)	(BORROWER)

Any individuals that sign this note as non-obligor below sign solely for the purpose of granting us a security interest in the Property and such individuals are not obligated for the payment of any monies.

_____	_____ (SEAL)
(WITNESS)	(NON-OBLIGOR)
_____	_____ (SEAL)
(WITNESS)	(NON-OBLIGOR)

☐ **The following notice applies if this box is checked: NOTICE: A HOLDER OF THIS AGREEMENT IS SUBJECT TO ALL CLAIMS AND DEFENSES THAT THE BUYER COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED WITH THE PROCEEDS OF THIS AGREEMENT. RECOVERY UNDER THIS AGREEMENT BY THE BUYER MAY NOT EXCEED THE AMOUNT PAID BY THE BUYER UNDER THE AGREEMENT.**

The within instrument or agreement is pledged as collateral to Wells Fargo Bank, N.A.

Life of the South Insurance Company
10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
Jacksonville, Florida 32256

GROUP POLICY NUMBER
CERTIFICATE NO. [REDACTED]

SCHEDULE OF INSURANCE					
Insured Debtor [REDACTED]	S.S. # [REDACTED]	[REDACTED]		Age [REDACTED]	Customer Acct. # [REDACTED]
Insured Co-Debtor (if any)	S.S. #	Address:		Age	Interest Rate 25.80%
First Beneficiary – Creditor Mariner Finance, LLC		Address 1380 HANOVER AVE ALLENTOWN, PA 18109			Maximum Amount of Life Insurance \$50,000.00
Debtor's Second Beneficiary (if none, to the estate) [REDACTED]		Co-Debtor's Second Beneficiary (if none, to the estate)			
Effective Date 12/04/2020	Life Term 48 Mos.	Disability Term 48 Mos.	1 st Payment Due Date 01/08/2021	Amortized Term 48 Mos.	Issue Ages: Life: 18-71 Disability: 18-67
Original Scheduled Maturity Date of the Loan 12/08/2024					
COVERAGES					PREMIUMS
<input checked="" type="checkbox"/> Single Gross Decreasing Life on Debtor <input type="checkbox"/> Single Gross Decreasing Life on Co-Debtor <input type="checkbox"/> Single Gross Decreasing Life with TPD on Debtor <input type="checkbox"/> Single Gross Decreasing Life with TPD on Co-Debtor <input type="checkbox"/> Joint Gross Decreasing Life <input type="checkbox"/> Joint Gross Decreasing Life with TPD			Original Amount of Life Insurance \$ 7,805.69		\$ 126.45
<input checked="" type="checkbox"/> Single Disability on Debtor <input type="checkbox"/> Single Disability on Co-Debtor <input checked="" type="checkbox"/> Retro 14 -day waiting period			Monthly Disability Benefit \$ 162.33		\$ 308.56
Maximum Terms: Gross Decreasing Life 75 months Disability 75 months			Maximum Disability Benefit of \$50,000.00 divided by the Loan Term not to exceed \$750.00 per month. Disability Coverage commences on the effective date of the Certificate as shown in the Schedule.		

You will be covered for Total and Permanent disability if offered by your Creditor and elected by you.

Disability coverage excludes preexisting conditions. If you have a preexisting condition resulting from an illness, disease, or physical condition, you could be ineligible for benefits. Please read the disability pre-existing exclusion section of your Certificate for details.

DEBTOR'S GROUP CREDIT INSURANCE APPLICATION

Answer the following questions if applying for life and/or disability coverage:

- 1a. Have you been diagnosed, treated (including medication), consulted or received advice from a physician within the past twenty four (24) months for any of the following: a heart disease, condition or disorder; cancer (excluding basal cell carcinoma); respiratory illness (excluding bronchitis)?
- 1b. Have you received medical diagnosis or treatment for Acquired Immune Deficiency Syndrome (AIDS) or Aids Related Complex (ARC) or tested positive for HIV virus?

In addition to the above, answer the following questions if applying for disability coverage:

2. Have you been diagnosed, treated (including medication), consulted or received advice from a physician within the past twenty four (24) months for conditions, disease or disorders of the following: neck or back?
3. Are you currently employed and working at least thirty (30) hours per week?

DEBTOR		CO-DEBTOR	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your age [REDACTED] years (Debtor) [REDACTED] years (Co-Debtor)

The life insurance coverage will not be issued if you or your co-debtor answer "Yes" to questions 1 (a) and 1 (b). The disability insurance coverage will not be issued if you or your co-debtor answers "Yes" to questions 1 (a), 1 (b), or 2, or "No" to question 3.

I (We) understand that the Company may void this Certificate or deny a claim if the Company finds at any time during the contestable period even when a claim occurs, that I (we) have concealed or misrepresented any material fact in the application.

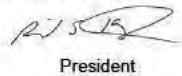
I (We) understand that the insurance applied for herein is not compulsory, nor a condition precedent to any loan or credit transaction. I (We) hereby state that I (we) have been given the option to purchase such credit insurance or other insurance from any insurer or agent of my (our) choice and that I (we) freely choose Life of the South Insurance Company and I (we) understand that commissions may be paid to someone or some entity who is connected to this credit transaction and who is acting as an agent for the Company. I (We) acknowledge that I (we) have received a copy of the Certificate or Notice of Proposed Insurance for my (our) records as part of this loan transaction.

INSURANCE FRAUD WARNING: Any person who, with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I (We) understand that these representations will be the basis for the Company's acceptance or denial of this application for the insurance applied for.

I (We) have answered the above questions to the best of my (our) knowledge and belief.

Do not sign this application if any spaces applicable to the debtor electing coverage and to the coverage being elected have not been completed. This application will not be used in a contest if the debtor(s) has not answered the questions applicable to the coverage being applied for and/or if the debtor(s) has not signed and dated the application.

Dated this 4th day of December, 2020.


President

Signature of Debtor

Signature of Co-Debtor

Signature of Witness: _____

Date: 12/04/2020

Life of the South Insurance Company
10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
Jacksonville, Florida 32256

GROUP POLICY NUMBER
CERTIFICATE NO. [REDACTED]

SCHEDULE OF INSURANCE					
Insured Debtor [REDACTED]	S.S. # [REDACTED]	[REDACTED]	Age [REDACTED]	Customer Acct. # [REDACTED]	
Insured Co-Debtor (if any)	S.S. #	Address:		Age	Interest Rate 25.80 %
First Beneficiary – Creditor Mariner Finance, LLC		Address 1380 HANOVER AVE ALLENTOWN, PA 18109			Maximum Amount of Life Insurance: \$50,000.00
Debtor's Second Beneficiary (if none, to the estate) [REDACTED]		Co-Debtor's Second Beneficiary (if none, to the estate)			
Effective Date 12/04/2020	Life Term 48 Mos.	Disability Term 48 Mos.	1 st Payment Due Date 01/08/2021	Amortized Term 48 Mos.	Issue Ages: Life: 18-71 Disability: 18-67
Original Scheduled Maturity Date of the Loan 12/08/2024					
COVERAGES					PREMIUMS
<input checked="" type="checkbox"/> Single Gross Decreasing Life on Debtor <input type="checkbox"/> Single Gross Decreasing Life on Co-Debtor <input type="checkbox"/> Single Gross Decreasing Life with TPD on Debtor <input type="checkbox"/> Single Gross Decreasing Life with TPD on Co-Debtor <input type="checkbox"/> Joint Gross Decreasing Life <input type="checkbox"/> Joint Gross Decreasing Life with TPD			Original Amount of Life Insurance \$ 7,805.69		\$ 126.45
<input checked="" type="checkbox"/> Single Disability on Debtor <input type="checkbox"/> Single Disability on Co-Debtor <input checked="" type="checkbox"/> Retro 14 -day waiting period			Monthly Disability Benefit \$ 162.33		\$ 308.56
Maximum Terms: Gross Decreasing Life 75 months Disability 75 months			Maximum Disability Benefit of \$50,000.00 divided by the Loan Term not to exceed \$750.00 per month. Disability Coverage commences on the effective date of the Certificate as shown in the Schedule.		

You will be covered for Total and Permanent disability if offered by your Creditor and elected by you. Disability coverage excludes pre-existing conditions. If you have a pre-existing condition resulting from an illness, disease, or physical condition, you could be ineligible for benefits. Please read the disability pre-existing exclusion section of your Certificate for details.

RIGHT TO RESCIND: Within the first 15 days after this certificate is received, an Insured Debtor may surrender it and receive a full refund of premiums paid. Please return the Certificate to us if you wish to rescind coverage.

LIFE INSURANCE BENEFIT

WHO IS INSURED: This coverage is issued on the life of the Debtor indicated in the Schedule. Either debtor may elect single coverage, however, both debtors must elect joint coverage.

WHAT YOU GET: We certify that if we have been paid the premium shown in the schedule, you and the Insured Co-Debtor, if any, are insured for the coverage shown in the Schedule, subject to the terms of the Group Policy issued to the Policyholder and this Certificate.

WHO GETS PAID: Immediately upon proof of death or disability, including total and permanent disability, we will pay the benefits provided under this Certificate to the Creditor. The Creditor will apply such payment(s) to pay off or reduce the insured debt. If the amount of insurance exceeds the balance of the insured debt, the excess will be paid to the appropriate debtor, if living, otherwise to the appropriate second beneficiary in the Schedule, or if no second beneficiary is named, then to the appropriate estate.

SINGLE LIFE INSURANCE BENEFIT: If you or the Insured Co-Debtor dies or becomes totally and permanently disabled while insured for single life coverage, we will pay the amount of life insurance in force at the time of death or total permanent disability.

JOINT LIFE INSURANCE BENEFIT: If you or the Insured Co-Debtor dies or becomes totally and permanently disabled while insured for joint life coverage, we will pay the amount of insurance in force at the time you or the Insured Co-Debtor dies or becomes totally and permanently disabled. If both die or become totally and permanently disabled simultaneously, or under such circumstances that it is impossible to determine who died or became totally disabled first, only one benefit will be paid. Any excess amount will be paid equally to the appropriate Debtor, if living, otherwise to the appropriate second beneficiaries or the estates of both Insured Debtors.

AMOUNT OF LIFE INSURANCE:
GROSS DECREASING TERM COVERAGE (Loan Terms of 75 Months or Less Only):

The amount of life insurance decreases each month throughout the term of the coverage. On the effective date, the Original Amount of Life Insurance is the lesser of the original amount of the indebtedness (the sum of the payments) or the Maximum Amount of Life Insurance. Thereafter, the amount of insurance decreases each month by an equal amount. That amount is the Original amount of Life Insurance divided by the term of the indebtedness. The benefit will be increased to include no more than two delinquent payments. If the Original Amount of Life Insurance is less than the Original Amount of indebtedness, the benefit will not completely pay off the debt.

TOTAL PERMANENT DISABILITY: If elected by the Creditor and by an Insured Debtor, we will pay an amount equal to the life insurance in force on the date of loss if you become totally and permanently and continuously unable to engage in any occupation, employment or activity for compensation or profit, for which you are suited by education, training or experience, according to the certification of a Physician or Podiatrist. This certification may be waived by us if you have suffered permanent loss of sight of both eyes, or severed both hands, both feet or one hand and one foot.

CERTIFICATE OF CREDIT LIFE AND DISABILITY INSURANCE
SINGLE PREMIUM TERM WITH TOTAL AND PERMANENT DISABILITY
SINGLE AND JOINT COVERAGE
GROSS DECREASING LIFE COVERAGE WITH TOTAL AND PERMANENT DISABILITY
DISABILITY COVERAGE

LIFE EXCLUSIONS

Suicide Exclusion: If the Insured Debtor or the Insured Co-Debtor die as a result of suicide while sane or insane within twelve (12) months after the effective date of coverage, our liability will be limited to the refund of premiums paid for single coverage, plus any unearned A and H insurance premiums, or where one debtor's coverage is terminated, our liability will be limited to that portion of the premium outlined under Termination of Joint Coverage, plus any unearned A and H insurance premiums, of this Certificate. Single life coverage on the surviving Insured Debtor will continue unless cancellation is requested in writing.

TOTAL DISABILITY INSURANCE BENEFIT

THIS BENEFIT IS AVAILABLE ONLY IF YOUR INSTALLMENTS ARE PAID ON A MONTHLY BASIS.

SINGLE DISABILITY INSURANCE BENEFIT: Either Debtor may elect single coverage. If you or the Insured Co-Debtor become totally disabled during the term of coverage and continue to be totally disabled for more than the number of days as stated in the Waiting Period as indicated in the Schedule, then you or the Insured Co-Debtor will become eligible for benefits under this Certificate.

JOINT DISABILITY INSURANCE BENEFIT: Both Debtors must elect joint coverage. If you or the Insured Co-Debtor becomes totally disabled within the terms of coverage and continues to be for more than the number of days stated in the Waiting Period as indicated in the Schedule, then you or the Insured Co-Debtor will become eligible for benefits under this Certificate. If you and the Insured Co-Debtor become totally disabled at the same time, only one benefit will be paid. However, benefit payments will continue until you or the Insured Co-Debtor are no longer disabled, or when the insurance terminates or expires, whichever occurs first.

DISABILITY BENEFIT COVERAGE: If indicated in the Schedule, and you or the Insured Co-Debtor, if applicable, become totally disabled within the term of coverage and such total disability continues uninterrupted for more than the number of days as stated in the Waiting Period, we will pay the Creditor a disability benefit equal to 1/30th of the **MONTHLY DISABILITY BENEFIT** for each day of continuous total disability during your benefit period.

BENEFIT BASIS: Any disability benefits payable under this Certificate will be calculated based on one of the following methods which is indicated in your Certificate Schedule.

(a) Retroactive Coverage: This plan provides benefits after the Waiting Period has been satisfied, retroactive to the first day.

(b) Non Retroactive Coverage: This plan is also known as Elimination Coverage and provides benefits beginning with the first day after the Waiting period. Benefits are not retroactive to the first day.

BENEFIT LIMITATIONS: The following items are benefit limitations which apply under this Certificate. Regardless of the specific limitation which may apply, the Insured Debtor(s) will be responsible for the payment of all installment payments and/or deficiency amounts required to keep the insured debt from becoming delinquent.

(a) After the first benefit month, each subsequent benefit month will begin on the same day as the first benefit month. If the last day of total disability for which benefits are payable falls on a date which does not equal a full benefit month, we will pay to the Creditor, a daily benefit of 1/30th of the **MONTHLY DISABILITY BENEFIT** for each day.

(b) In the months when the insured loan payment exceeds the **MONTHLY DISABILITY BENEFIT** shown in the Schedule, coverage will be only for an amount equal to the **MONTHLY DISABILITY BENEFIT**.

(c) Benefits will end when an Insured Debtor is no longer disabled, the term of disability insurance expires or the coverage terminates, which ever occurs first. We reserve the right to require evidence of total disability from a licensed doctor of medicine or osteopathy other than yourself, at monthly or at reasonable intervals as determined by us in order to justify the continuing payment of benefits. We will cease to pay benefits if the required proof is not given to us at our Administrative Office. If the amount of insurance qualified and payable under the terms and conditions exceeds the unpaid indebtedness, such excess will be paid to you, if living, otherwise to the second beneficiary named in this Certificate, or to the estate.

Total Disability is disability which: (1) begins while you and the Insured Co-Debtor, if applicable, are covered by this Certificate; (2) results directly from accidental bodily injury or sickness as defined below; (3) continues uninterrupted for more than the number of days of the Waiting Period shown in the Certificate Schedule; (4) prevents you or the Insured Co-Debtor during the first twelve (12) months of total disability from performing the important or significant duties of your occupation (or previous occupation if unemployed or retired) at the time disability occurs; and (5) prevents you or the Insured Co-Debtor after the initial twelve (12) months of total disability from performing any occupation for which you are qualified by education, training or experience. **Injury** means accidental bodily injury which causes total disability. **Sickness** means illness or disease which causes total disability.

RECURRENT DISABILITY: If a period of total disability has ended and the Insured Debtor again becomes disabled within 30 days from the same cause, no new Waiting Period will be required. If the second period of disability begins after 30 days, or from a different cause, a new Waiting Period will apply.

RULES FOR FILING A DISABILITY CLAIM

NOTICE OF CLAIM: You or the Insured Co-Debtor must write to us or our agent about a total disability claim within thirty (30) days after such disability begins or as soon after that as possible.

CLAIM FORMS: Upon receipt of written notice of claim, by the Administrative Office, we will send claim forms within fifteen (15) days. If we do not send the claim forms within fifteen (15) days you or the Insured Co-Debtor may simply send us written proof of your disability. The proof must show the date and the cause of the total disability, how serious it is, and must be signed by a licensed doctor of medicine or osteopathy other than the disabled Debtor.

PROOF OF LOSS DISABILITY: Written proof of disability must be sent to us no later than ninety (90) days after total disability ends. If proof cannot be filed within ninety (90) days, you must file as soon as possible. No claim will be reduced or denied if it is filed as soon as possible. In no event, except in the absence of legal capacity, can proof be filed later than one (1) year from the time proof is normally required.

TIMELY PAYMENT OF CLAIMS: Benefits payable under this Certificate for any loss other than the loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued Indemnities for loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

PHYSICAL EXAMINATION: We, at our own expense, will have the right and opportunity to have you or the Insured Co-Debtor examined when and as often as we reasonably require during the pendency of a claim hereunder.

EXCEPTIONS OF DISABILITY COVERAGE: We do not cover disabilities resulting from:

1) normal pregnancy; (2) intentionally self-inflicted injury; (3) flight in a non-scheduled aircraft; or (4) a preexisting condition as defined below.

PRE-EXISTING EXCLUSION: A pre-existing condition is a disease, injury or condition of health for which you or the Insured co-debtor were hospitalized or received medical treatment (including medication), consultation or advice within the six (6) months preceding the effective date of the Certificate and which caused disability within the six (6) months following the effective date of this Certificate. If the original term of coverage is less than six (6) months, this time period is equal to the term of coverage. Disability commencing after the pre-existing period will be covered.

LEGAL ACTION (Disability Coverage Only): No action at law or equity shall be brought to recover on this Certificate sooner than sixty (60) days after written proof of loss has been furnished in accordance with the requirements of the Certificate and Group Policy. No such action shall be brought later than three (3) years after the date of loss or after three (3) years from the date the cause of action accrues, whichever occurs first.

GENERAL PROVISIONS

The amount charged by the Policyholder for this coverage will not exceed the premium paid by the Policyholder to us.

WHO WE PAY: Immediately upon proof of death or disability of you or the Insured Co-debtor, if applicable, we will pay benefits provided under this Certificate to the Creditor. The Creditor will apply such payment(s) to pay off or reduce the insured debt. If the amount of insurance exceeds the balance of the debt, the excess will be paid to you or the Insured Co-Debtor, if living, or to the Second Beneficiary named in the Schedule, if living, otherwise to the estate.

LIMITS OF COVERAGE: At no time will the amount of coverage issued under this Certificate be afforded to anyone for a term, an original amount of life insurance or original amount of disability insurance (sum of all monthly disability benefits payable), or a monthly benefit in excess of the maximum indicated in this Certificate or permitted by law. If the maximum limits are exceeded, we will terminate the excess coverage as outlined below under **EXCESS COVERAGE**.

EXCESS COVERAGE: All premiums paid for coverage in excess of the maximum amount allowed will be returned within sixty (60) days of the effective date of coverage while the debtor is alive (for life coverage and for life with TPD coverage) and not disabled and not met the waiting period (for disability). We will return the excess premium to the Creditor for refund or credit to the insured account.

ELIGIBILITY: You and the Insured Co-Debtor, if applicable, are eligible for life and for life with TPD coverage because: (a) you are a natural person (not a partnership, corporation or association); (b) you did not exceed the maximum age requirement for life and for life with TPD coverage as stated in the Group Policy and the Certificate Schedule; (c) you provided satisfactory evidence of insurability. You and the Insured Co-debtor, if applicable, are eligible for disability coverage because: (a) you met the requirement for life and for life with TPD coverage; (b) you did not exceed the maximum age requirement for disability coverage stated in the Group Policy and the Certificate Schedule; and (c) you were gainfully employed working at least thirty (30) hours per week on the effective date of coverage. If you are ineligible for coverage and a Certificate is issued to you in error, we will terminate the coverage as soon as we discover it and refund or credit the entire premium charged to your account. If you are ineligible, and we do not terminate the coverage and refund the premium paid within sixty (60) days of the effective date of coverage, while the debtor is alive (for life and for life with TPD coverage) and not disabled and not met the waiting period (for disability coverage), then the insurance will remain in force. Nothing in this provision will preclude the Incontestability Clause or the Misstatement of Age Provision.

MISSTATEMENT OF AGE: If your or the Insured Co-Debtor's, if applicable, true age would render that Insured Debtor ineligible for coverage under this Certificate, then our liability will be limited to a return of premium paid for such coverage, as long as we refund the premium within sixty (60) days from the effective date of coverage and while the Debtor is alive (for life coverage and for life with TPD coverage) and not disabled and not met the waiting period (for disability). In the event of a claim, if it is determined that an Insured Debtor was ineligible for coverage and the true age was correctly stated on the application, we cannot deny or change the benefit or the amount of insurance. If the true age of an Insured Debtor was not stated in the application, our liability will be limited to a return of the premium paid for such coverage, as long as we refund the premium within the two (2) year contestable period. If joint coverage is elected, the remaining Insured Debtor's coverage will continue as provided under **TERMINATION OF JOINT COVERAGE**.

RENEWAL OR REFINANCED INDEBTEDNESS: If the indebtedness issued under this Certificate is discharged prior to the scheduled maturity date due to renewal or refinancing, the effective date for the renewed or refinanced indebtedness will be the first date on which you became insured under the Group Policy. Disability for the renewed or refinanced indebtedness is limited to the remaining term and conditions of the original indebtedness outstanding at the time of renewal or refinancing. Any period of exclusion will be reduced by any period that insurance was in force in connection with the prior indebtedness which was renewed or refinanced. Any portion of the new debt which was not renewed or refinanced is not covered by this renewal and refinancing provision. Nothing in this provision shall preclude the Incontestability Clause. Any claim for benefits occurring prior to the debt being paid off, renewed or refinanced shall not be prejudiced by the termination of coverage.

INCONTESTABILITY: All statements made by you or the Insured Co-Debtor, if any, will be deemed representations and not warranties. We cannot contest the insurance evidenced by the Certificate after it has been in force two (2) years during your or the Insured Co-Debtor's lifetime. This does not prevent us from legally terminating the insurance under this Certificate if premiums are not paid. If joint coverage is elected, the remaining Insured Debtors coverage will continue as provided under **TERMINATION OF JOINT COVERAGE**.

ENTIRE CONTRACT: The Group Policy, together with the group application and endorsements, if any, make up the entire contract between the parties. Only an Officer of the Administrative Office may waive or otherwise change any provision of the Group Policy or our rights thereunder. No action, statement or agreement by any person or persons other than an Officer of the Administrative Office in writing shall in any way bind or estop us from enforcing the provisions of the Group Policy or our rights thereunder. No agreement in conflict with, modifying or extending the Group Policy shall be valid unless in writing signed by an Officer of the Administrative Office and made part of the Group Policy.

PROOF OF DEATH: Upon the death of an Insured Debtor, we must receive proof of death satisfactory to the Company as soon as reasonably possible. Such proof must include, but may not be limited to, a death certificate and a statement from the Creditor certifying the amount due.

AUTOPSY: We have the right to have an autopsy performed, at our expense, unless forbidden by law.

REPRESENTATIONS: All statements made by you or the Insured Co-debtor, if any, shall be deemed representations and not warranties. No statement made for the purpose of effecting insurance shall void or reduce benefits unless contained in a written instrument signed by you or the Insured Co-Debtor, a copy of which has been furnished to you or the Insured Co-Debtor, or the designated beneficiary. If joint coverage is elected, the remaining Insured Debtors coverage will continue as provided under **TERMINATION OF JOINT COVERAGE**.

TERMINATION OF INDIVIDUAL COVERAGE: This insurance will terminate on the earliest of the following dates: (1) the date the debt is discharged by renewal or refinancing; (2) the scheduled maturity date of the loan for full term coverage; (3) the date the debt is transferred to another Debtor; (4) the date the debt has been in default for more than ninety (90) days; (5) the date that the collateral, if any, which is security for the debt, or upon which the debt is based, has been repossessed; (6) the date the debt becomes the subject of a judicial proceeding for collection, bankruptcy or a court judgment; (7) the date the death benefit becomes due under the Group Policy; (8) the date we receive written request to end the coverage; (9) the date the debt is discharged by prepayment.

We shall provide that in the event of termination of the policy, insurance coverage with respect to the Debtor shall continue with either the original insurer or the new insurer for the entire period for which the single premium has been paid.

TERMINATION OF JOINT COVERAGE: If joint coverage is terminated for any reason specified in this Certificate, with respect to one of the Insured Debtors, coverage on the remaining Insured Debtor will continue and a refund will be made. The joint coverage Certificate will be replaced by a single coverage Certificate for the remaining Insured Debtor. The refund will equal the difference between the premium actually charged for the joint coverage and the premium charge that would have been charged if only single coverage on the remaining insured Debtor had been issued originally. If death is due to suicide any refund will also include any unearned disability premium.

PENDENCY OF A CLAIM: In the event of a life claim originating prior to such termination, the claim will be processed as if such termination had not occurred. Any refund may be withheld or if previously credited or paid, the death claim minus the premium refund will be paid.

In the event of a disability claim originating prior to such termination, the claim will be processed as if such termination had not occurred. Any refund may be withheld or if previously credited or paid, we will contact you and give you the option of returning the refund and receiving the disability benefit or keeping the refund and pursuing the termination.

In the event of a continuing accident and health claim prior to the termination date of coverage, the refund may be withheld until you are no longer considered to be totally disabled. This statement will apply provided it does not conflict with any state law. However, if you are no longer considered totally disabled as required, you will be entitled to a refund of unearned premiums as of the date you are no longer disabled. You retain the right to cancel coverage as of any date upon receipt of written notice of the request by the Administrative Office. If you elect to cancel the coverage, benefits will cease.

WHEN INSURANCE STOPS - REFUNDS: If your insurance stops before the end of the term of coverage shown in the Schedule, you will be given a refund or credit to your account of the unearned premiums within 10 days of the Creditor receiving from us. If termination is due to death, the life premium will be considered fully earned where allowed by law, and no refund will be made. A refund of unearned disability premium, if applicable, will be paid, calculated as of the date of death. If death is due to suicide any refund will also include any unearned disability premium. The unearned premium is computed by subtracting the premium earned from the original premium charged. This refund will be calculated for gross decreasing coverage, according to the Rule of 78's (also known as the Sum of Digits); for disability coverage, according to the Rule of 78's method.

The period between the effective date of coverage and the premature termination date will be computed in whole months using the 15/16 day rule. Refunds of less than \$5.00 will not be made.

Life of the South Insurance Company
10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
Jacksonville, Florida 32256

GROUP POLICY NUMBER
CERTIFICATE NO. [REDACTED]

SCHEDULE OF INSURANCE					
Insured Debtor [REDACTED]	S.S. # [REDACTED]	[REDACTED]	Age [REDACTED]	Customer Acct. # [REDACTED]	
Insured Co-Debtor (if any)	S.S. #	Address:		Age	Interest Rate 25.80 %
First Beneficiary – Creditor Mariner Finance, LLC		Address 1380 HANOVER AVE ALLENTOWN, PA 18109			Maximum Amount of Life Insurance: \$50,000.00
Debtor's Second Beneficiary (if none, to the estate)		Co-Debtor's Second Beneficiary (if none, to the estate)			
Effective Date 12/04/2020	Life Term 48 Mos.	Disability Term 48 Mos.	1 st Payment Due Date 01/08/2021	Amortized Term 48 Mos.	Issue Ages: Life: 18-71 Disability: 18-67
Original Scheduled Maturity Date of the Loan 12/08/2024					
COVERAGES					PREMIUMS
<input checked="" type="checkbox"/> Single Gross Decreasing Life on Debtor <input type="checkbox"/> Single Gross Decreasing Life on Co-Debtor <input type="checkbox"/> Single Gross Decreasing Life with TPD on Debtor <input type="checkbox"/> Single Gross Decreasing Life with TPD on Co-Debtor <input type="checkbox"/> Joint Gross Decreasing Life <input type="checkbox"/> Joint Gross Decreasing Life with TPD			Original Amount of Life Insurance \$ 7,805.69		\$ 126.45
<input checked="" type="checkbox"/> Single Disability on Debtor <input type="checkbox"/> Single Disability on Co-Debtor <input checked="" type="checkbox"/> Retro 14 -day waiting period			Monthly Disability Benefit \$ 162.33		\$ 308.56
Maximum Terms: Gross Decreasing Life 75 months Disability 75 months			Maximum Disability Benefit of \$ 50,000.00 divided by the Loan Term not to exceed \$ 750.00 per month. Disability Coverage commences on the effective date of the Certificate as shown in the Schedule.		

REFUND OF UNEARNED INSURANCE PREMIUM TO BE PAID TO: _____

Date of Cancellation: ____/____/____	AMOUNT OF REFUND
	Life: \$ _____
Date of Issue:	Disability: \$ _____
Total Elapsed: _____	TOTAL: _____
	(No refund under \$5.00)

I hereby request cancellation of the above-numbered Certificate as of 12:00 noon Standard Time, on the Date of Cancellation noted above:

Signature(s) of Insured Debtor(s):

THIS FORM IS TO BE RETAINED BY POLICYHOLDER AND SENT TO COMPANY AT TIME OF CANCELLATION

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd. Bldg. 100, Suite 500

Jacksonville, Florida 32256 (800) 888-2738

(Called "Company," "We," "Us" or "Our")

CERTIFICATE NUMBER**APPLICATION FOR INVOLUNTARY UNEMPLOYMENT INSURANCE****SCHEDULE****ACCOUNT NUMBER**

NAME OF DEBTOR (called "You" or "Your") [REDACTED]	ADDRESS [REDACTED]		EFFECTIVE DATE OF DEBT: 12 / 04 / 2020 MO. DAY YR. 12:01 A.M. Standard Time
Second Beneficiary			
NAME OF CO-DEBTOR (called "You" or "Your")	ADDRESS		
Second Beneficiary			
Beneficiary (Creditor) Name and Address Mariner Finance, LLC 1380 HANOVER AVE ALLENTOWN, PA 18109	MONTHLY DEBT PAYMENT \$ 162.33 MONTHLY BENEFIT \$ 162.33 MAXIMUM MONTHLY BENEFIT - \$1000 Per Month	PREMIUM \$ 384.14	SCHEDULED MATURITY DATE OF THE DEBT: 12 / 04 / 2024 MO. DAY YR.
	TERM OF DEBT: 48 MAXIMUM TERM OF DEBT - 60 MONTHS		

I want Involuntary Unemployment Insurance Coverage

☒ Debtor or ☐ Co-Debtor

I understand that if my debt has more than one Debtor, only one individual may apply for Involuntary Unemployment Insurance:

☒ Yes ☐ No**APPLICATION FOR GROUP CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE**

- Are you self-employed, an independent contractor or on full-time military duty? ☐ Yes ☒ No
PLEASE NOTE: If you have answered "Yes" you are ineligible for coverage.
- Do you request to apply for Lyndon Southern Insurance Company's Involuntary Unemployment Insurance group policy based on the information shown above? ☒ Yes ☐ No
- Are you working for salary, wages or other employment income at least thirty (30) hours a week? ☒ Yes ☐ No
- Have you received written notice of a layoff or employment termination within 60 days of the termination notice? ☐ Yes ☒ No
- Is your debt for a term of 60 months or less? ☒ Yes ☐ No
- The Creditor is authorized to deduct the premium shown above from the proceeds of my debt and pay it to the Company.

I hereby make application to Lyndon Southern Insurance Company for Involuntary Unemployment Insurance to provide protection on the debt which is the subject of the extension of credit to me. I fully understand that the purchase of this insurance is voluntary and not a requirement for extension of credit.

The purchase of this insurance is completely voluntary and has not been made a condition of the debt.

30-Day Right to Examine Certificate: You may surrender your certificate at anytime for cancellation. However, within the first thirty (30) days after receipt of the certificate, you may cancel it for any reason by returning it to the Creditor at the address shown above. Upon cancellation, a full premium will be refunded or credited to your account at the option of the Creditor.

FRAUD WARNING:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

DO NOT SIGN THIS APPLICATION IF ANY SPACES APPLICABLE TO THE DEBTOR ELECTING THE COVERAGE AND TO THE COVERAGE BEING ELECTED HAVE NOT BEEN COMPLETED. THE APPLICATION WILL NOT BE USED IN A CONTEST IF THE DEBTOR(S) HAS NOT ANSWERED THE QUESTIONS APPLICABLE TO THE COVERAGE BEING APPLIED FOR AND/OR IF THE DEBTOR(S) HAS NOT SIGNED AND DATED THE APPLICATION.

I represent to the best of my knowledge and belief that the above answers are true and correct.

Co-Debtor's Signature _____ Date _____ Debtor's Signature [REDACTED] Date 12/4/2020

Witness/Agent Signature _____ Date 12/4/2020

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd. Bldg. 100, Suite 500

Jacksonville, Florida 32256 (800) 888-2738

(Called "Company," "We," "Us" or "Our")

CERTIFICATE NUMBER

SCHEDULE		ACCOUNT NUMBER
NAME OF DEBTOR (called "You" or "Your") [REDACTED] Second Beneficiary	ADDRESS [REDACTED]	EFFECTIVE DATE OF DEBT: 12 04 2020 MO. DAY YR. 12:01 A.M. Standard Time
NAME OF CO-DEBTOR (called "You" or "Your") Second Beneficiary	ADDRESS	
Beneficiary (Creditor) Name and Address Mariner Finance, LLC 1380 HANOVER AVE ALLENTOWN, PA 18109	MONTHLY DEBT PAYMENT \$ 162.33 MONTHLY BENEFIT \$ 162.33 MAXIMUM MONTHLY BENEFIT - \$1000 Per Month TERM OF DEBT: 48 MAXIMUM TERM OF DEBT - 60 MONTHS	PREMIUM \$ 384.14 SCHEDULED MATURITY DATE OF THE DEBT: 12 04 2024 MO. DAY YR.

I want Involuntary Unemployment Insurance Coverage

☒ Debtor or ☐ Co-Debtor

I understand that if my debt has more than one Debtor, only one individual may apply for Involuntary Unemployment Insurance:

☒ Yes☐ No

**Group Credit Single Premium - Closed-End-
Involuntary Unemployment Insurance Single Coverage Only
Maximum of 12 Monthly Benefits Per Occurrence
Non-Participating**

In consideration of the payment of the premium, in reliance upon the statements made by you in the Application for Involuntary Unemployment Insurance, and subject to the terms of the Master Policy and the Creditor's Application, Lyndon Southern Insurance Company agrees as follows:

NOTICE: THE BENEFITS PROVIDED BY THIS COVERAGE ARE LIMITED. Benefits are limited to a total of 12 monthly benefits per occurrence or the remaining term of the debt, whichever is less, during the continued Involuntary Unemployment of either Debtor. If you plan to retire or no longer plan to work you are no longer eligible for benefits under this certificate. You should contact us or the Creditor immediately to cancel your insurance coverage and to request a refund of the unearned insurance premium.

I. PAYMENT OF BENEFIT

The Company will pay the Creditor the Monthly Benefit upon Involuntary Unemployment of you. Any benefits in excess of the amount paid to the Creditor will be paid to you.

II. INVOLUNTARY UNEMPLOYMENT

Involuntary Unemployment means loss of employment income (salary, wages or other employment income) caused by:

- A. Layoff - meaning a temporary or permanent suspension of employment, other than seasonal layoff, as the result of an action of the employer.
- B. General Strike - meaning a strike against all the employers in an industry or a territory; simultaneous cessation or quitting of work by a body of employees acting in combination for the purpose of obtaining for themselves more desirable terms of employment.
- C. Termination by Employer - meaning a complete severance of the relationship of employer and employee by the employer for reasons other than willful or criminal misconduct.
- D. Unionized Labor Dispute - meaning a trade or labor union, through the coalition of its members, authorizing a strike to obtain higher wages, shorter hours of employment, better working conditions or some other concession from an employer by the employees stopping work at a preconceived time, and it involves a combination of persons and not a single individual.
- E. Lockout - meaning the discharge of employees by their employer because of: 1.) a labor dispute; 2.) the employer's dislike of employees' activities as a union; or 3.) the temporary closing of the place of employment by the employer without formally discharging the employees to: a.) discourage union activities; b.) gain acceptance of the employer's views; or c.) effect a compromise which is more favorable to the employer than the demands made by the employees.
- F. Non-voluntary termination of your full-time job.

III. BENEFIT LIMITS

- A. **Amount of Insurance** – The Monthly Benefit payable will be the lesser of: 1.) the Monthly Debt Payment; or 2.) the Maximum Monthly Benefit shown in the Schedule. For a portion of a month the monthly benefit payment for each day of Involuntary Unemployment will be 1/30th of the Monthly Benefit.
 - B. The Monthly Benefits will cease on the earliest of the following:
 - 1. Your return to full-time work (30 hours or more);
 - 2. Payment of debt in full; or
 - 3. Payment of 12 consecutive monthly benefits. (per occurrence).
 - C. To automatically re-qualify for 12 monthly benefits per occurrence, you must return to full-time work (30 hours or more) for a period of 120 days.
 - D. If you have not received 12 consecutive monthly benefits per occurrence, you are automatically re-eligible from the first day you return to full-time work (30 hours or more) for any remaining benefits.
- In no event will Monthly Benefits be paid after the Scheduled Maturity Date of the Debt. The maximum term of the debt is 60 months.

IV. ELIGIBILITY FOR COVERAGE

When there are two Debtors on a debt, either may elect the single coverage.

Coverage was written based on the following eligibility requirements:

- A. You have a debt agreement with the Creditor which provides for equal monthly installments;
- B. You are working for salary, wages at least thirty (30) hours a week in a non-seasonal, non-temporary occupation.
- C. You have not received notice of a layoff or employment termination within 60 days of the termination notice or plant closing.
- D. You are not self-employed (including independent contractors) or a member of the military full time.
- E. The maximum term of the debt is 60 months.

V. ELIGIBILITY FOR BENEFITS

Debtors may name Second Beneficiaries which are shown in the schedule.

To be eligible for benefits under this certificate, you must:

- A. Have been unable to work for salary, wages or other employment income as a result of Involuntary Unemployment for at least thirty (30) consecutive days;
- B.
 - 1. Have a loss of salary, wages or other employment income occurred as the result of either Layoff or Termination by Employer; or
 - 2. Provide the Company with Union or Employer verification of loss of salary, wages or other employment income, which occurred as the result of a General Strike, Unionized Labor Dispute or Lockout; or
 - 3. Provide the Company other reasonable proof of unemployment.

Eligibility for Monthly Benefits will begin on the thirty-first (31) day of Involuntary Unemployment. Thereafter, the Company will pay retroactively, beginning with the first day of Involuntary Unemployment, the Amount of Insurance to the Creditor. Upon our request, you must complete and return to us the continuing claim form as proof of continuing Involuntary Unemployment. We will not accept proof of loss resulting from Involuntary Unemployment more than one year after you became involuntarily unemployed.

VI. EXCLUSIONS

The insurance described in this certificate does not apply to:

- A. Resignation;
- B. Retirement;
- C. Loss of income due to disability caused by accident, sickness, disease, or pregnancy; or
- D. Loss of income due to termination as the result of willful misconduct (a transgression of some established and definite rule of conduct, a forbidden act, or a willful dereliction of duty) or criminal misconduct (unlawful behavior as determined by local, State or Federal law).

VII. CONDITIONS

- A. **Debtor's Statements:** Statements made by the Debtor in the Application for Involuntary Unemployment Insurance shall be used to determine eligibility for coverage. If a Debtor who is not gainfully employed correctly stated employment status information in an application signed by the Debtor, and if a group certificate is issued, the Company or its authorized representative must pay a benefit if due, unless the Company had discovered its error, terminated coverage, and refunded the premium all within 60 days of the effective date of the Debt and while the Debtor is not involuntary unemployed and not met the waiting period.
- B. **Payment of Benefit:** Monthly Benefits shall be paid directly to the Creditor to reduce or pay off your account.
- C. **Incontestability:** This Certificate is not contestable after it has been in force during your lifetime for a period of two years. No statement relating to insurability shall be used to contest the insurance unless it is contained in a written Application signed by you. A copy of the Application must have been provided to you or your estate.
- D. **Conformity with State Statutes:** Terms of this certificate which are in conflict with the statutes of the state wherein the Group Policy is delivered are hereby amended to conform with the minimum standards of such statutes.
- E. **Payment of Premium:** The single premium is due and payable on the Effective Date of the debt shown in the certificate Schedule. The premium for Involuntary Unemployment insurance will be calculated by multiplying the premium rate applicable to the term of the debt by the Initial Amount of Insurance. The Initial Amount of Insurance is the Monthly Benefit times the term of the debt.

- F. **Term of Debtor's Certificate:** The insurance will end on the earliest of:
1. the Scheduled Maturity Date of the debt;
 2. the date that there is no longer a debt;
 3. upon prepayment, renewal or refinancing of the debt
 4. the date requested in writing by you; or
 5. the date on which 60 days have elapsed without a full contractual debt payment having been made to the Creditor.
- G. **Cancellation of Coverage:** The coverage may be cancelled by the Debtor by prior written notice to the Creditor or the Company stating when such cancellation will become effective. The Company shall provide that in the event of termination of the Policy, insurance coverage with the respect to the Debtor shall continue with either the original Insurer or a new Insurer for the entire period for which the premium has been paid.
- H. **Refund:** Any unearned premium will be: 1.) computed on a pro rata basis; and 2.) paid to you or credited to your account at the option of the Creditor. No refund or credit less than \$1.00 will be made. Refund calculations for a portion of a debt month are: 1 - 14 days = the portion of the premium for that month will be considered unearned and a refund made; 15 days or more = the portion of the premium for that month will be considered fully earned and no refund will be made.
- I. **Entire Contract:** The entire contract consists of the:
1. Group Master Policy;
 2. Creditor's Application.
- J. **Filing a Claim:**
1. You must notify us at the start of your involuntary unemployment by written notice to us or the Creditor/Policyholder.
 2. We will send you a claim form within 15 days of receipt of your notice per the terms of this certificate.
 3. We will pay your debt payment per the terms of this certificate.
 4. If you do not receive a claim form within 15 days, your notice to us in step 1 completes this claim procedure and step 3 will begin without further notice to us.
- K. **Changes to Contract:** No one can change the contract or alter its terms except by written amendment signed by our: 1) President; 2) Vice President; or 3) Secretary. Any changes made to the Group Policy will affect only those Debtors becoming insured after the date of the change.

VIII. MANDATORY ARBITRATION

It is understood and agreed that the transaction evidenced by this certificate takes place in and substantially affects interstate commerce. Any controversy or dispute arising out of or relating in any way to this certificate or the sale of this certificate, including for recovery of any claim under this certificate and including the applicability of this arbitration clause and the validity of this certificate, shall be resolved by neutral binding arbitration by the National Arbitration Forum ("NAF"), under the Code of Procedure in effect at the time the claim is filed. All preliminary issues of arbitration will be decided by the arbitrator(s).

1. The arbitration shall take place in the county of residence of the Insured before a single arbitrator or a panel of arbitrators selected in accordance with the NAF Code of Procedure. NAF rules and forms may be obtained and all claims shall be filed at any NAF office, www.arb-forum.com, or P.O. Box 50191, Minneapolis, Minnesota 55405. The NAF may be reached at 651-631-1105 or 800-474-2371.
2. Except for the filing fee and costs any party other than us may incur to present its case, the cost of the arbitration shall be borne by us: unless the arbitrator(s) holds that a party is entitled to recover attorney's fees and other fees and expenses based upon applicable law.
3. It is understood and agreed that the arbitration shall be binding upon the parties, that the parties are waiving their right to seek remedies in court, including the right to a jury trial, and that an arbitration award may not be set aside in later litigation except upon the limited circumstances set forth in the Federal Arbitration Act.
4. All statutes of limitation that would otherwise be applicable shall apply to any arbitration proceeding.

Neither party shall be precluded from instituting an action in court of competent jurisdiction to obtain a temporary restraining order, a preliminary injunction or other equitable relief to preserve the status quo or prevent irreparable harm pending the selection of the arbitrator(s) or the commencement and completion of the arbitration hearing.

In witness whereof, **LYNDON SOUTHERN INSURANCE COMPANY** has caused this certificate to be signed by two authorized officers at Jacksonville, FL.



Authorized Officer



Authorized Officer

For Policyholder Services:

The Insured may contact the Company at:
Policyholder Service Department
Lyndon Southern Insurance Company
10151 Deerwood Park Blvd. Bldg. 100, Suite 500
Jacksonville, Florida 32256
(800) 888-2738

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd. Bldg. 100, Suite 500

Jacksonville, Florida 32256 (800) 888-2738

(Called "Company," "We," "Us" or "Our")

CERTIFICATE NUMBER

SCHEDULE		ACCOUNT NUMBER										
NAME OF DEBTOR (called "You" or "Your") [REDACTED]	ADDRESS [REDACTED]	EFFECTIVE DATE OF DEBT: 12 04 2020 MO. DAY YR. 12:01 A.M. Standard Time										
Second Beneficiary												
NAME OF CO-DEBTOR (called "You" or "Your")	ADDRESS											
Second Beneficiary												
Beneficiary (Creditor) Name and Address Mariner Finance, LLC 1380 HANOVER AVE ALLENTOWN, PA 18109	<table border="1"> <tr> <td>MONTHLY DEBT PAYMENT \$ 162.33</td> <td>PREMIUM \$ 384.14</td> </tr> <tr> <td>MONTHLY BENEFIT \$ 162.33</td> <td></td> </tr> <tr> <td>MAXIMUM MONTHLY BENEFIT - \$1000 Per Month</td> <td></td> </tr> <tr> <td colspan="2">TERM OF DEBT: 48</td> </tr> <tr> <td colspan="2">MAXIMUM TERM OF DEBT - 60 MONTHS</td> </tr> </table>	MONTHLY DEBT PAYMENT \$ 162.33	PREMIUM \$ 384.14	MONTHLY BENEFIT \$ 162.33		MAXIMUM MONTHLY BENEFIT - \$1000 Per Month		TERM OF DEBT: 48		MAXIMUM TERM OF DEBT - 60 MONTHS		SCHEDULED MATURITY DATE OF THE DEBT: 12 04 2024 MO. DAY YR.
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I want Involuntary Unemployment Insurance Coverage

I understand that if my debt has more than one Debtor, only one individual may apply for Involuntary Unemployment Insurance:

☒ Debtor or ☐ Co-Debtor☒ Yes ☐ No

I, the insured Debtor in the Certificate described above, certify that I am unable to surrender and deliver said Certificate to Lyndon Southern Insurance Company and I agree to indemnify and protect the said company against any claim or loss that may be asserted against said company under said Certificate by any person or persons and that I further request cancellation of said Certificate and accept receipt of the unearned portion of the premium calculated thereon; and that I further agree and understand that this Certificate shall terminate and cease to exist at 12:01 A.M., Standard Time at my address on the date show below.

DATE OF CANCELLATION _____,

RETURN PREMIUM \$ _____

DEBTOR _____

WITNESS _____

LYNDON SOUTHERN INSURANCE COMPANY

(A Stock Company)

Administrative Office: 10151 Deerwood Park Blvd. Bldg. 100, Ste. 500, Jacksonville, Florida 32256

CERTIFICATE - SINGLE PREMIUM CREDIT PROPERTY INSURANCE

NOTICE: THE PURCHASE OF THIS INSURANCE IS VOLUNTARY. If YOU HAVE VALID AND COLLECTIBLE INSURANCE ON THE SAME COLLATERAL TO OFFER TO THE CREDITOR, PURCHASE OF THIS COVERAGE WOULD BE DUPLICATIVE AND UNNECESSARY.

Schedule of Insurance

	CREDITOR NAME: Mariner Finance, LLC 1380 HANOVER AVE ALLENTOWN, PA 18109	CERTIFICATE/ACCOUNT NUMBER:
EFFECTIVE DATE: 12/04/2020	PREMIUM AMOUNT: \$520.88	
TERM IN MONTHS 48	MAXIMUM AMOUNT OF INSURANCE: \$3,339.00	

GENERAL DEFINITIONS

“WE”, “US” and “OUR” mean the Lyndon Southern Insurance Company.

“HE”, “HIS” and “HIM” mean both genders.

“YOU” and “YOUR” mean the Insured.

INSURING AGREEMENTS

In return for payment of premiums, **WE** agree to insure **YOU** and the Creditor with an interest in personal property you buy or pledge under a conditional sales contract, deferred payment contract, installment sales contract, security agreement of a direct consumer loan (herein called agreement). Coverage is provided for the kinds of insurance described in the Certificate of Insurance, subject to the provisions of the Master Policy **WE** issued to the Creditor. The Master Policy may be reviewed by **YOU** at the Creditor's place of business.

The insurance provided covers the interests of **YOU** and the Creditor up to the maximum stated on the Certificate Schedule. Coverage for any one account will be limited to the maximum amount per account as shown in the Certificate Schedule. If **YOU** have more than one account:

1. The maximum amount shown in the Certificate Schedule applies; and
2. The total insurance provided under all of **YOUR** accounts cannot exceed this amount.

Coverage begins on the effective date shown in the Certificate Schedule/Installment Sales Account Agreement and continue until the expiration date shown in the Certificate Schedule.

PROPERTY INSURANCE**Coverage:**

This insurance covers the interest of the Creditor and **YOUR** interest in personal property:

1. Purchased by **YOU**; and
2. Financed under an account agreement.
3. **YOUR** personal property held as collateral on direct consumer loan.

This coverage will:

1. Continue until the expiration date shown in the Certificate Schedule; and
2. Cover the insured property while anywhere within the United States of America, its territories or possessions; Canada, Puerto Rico or while being transported between their ports.

Perils Insured:

This coverage provides insurance against direct and accidental loss or damage to insured personal property by: Fire; Smoke; Lightning; Windstorm; Cyclone; Tornado; Flood; Hail; Earthquake; Explosion; Riot; Riot attending a strike; Civil Commotion; Marine Perils while on ferries and/or in cars or transfers in connection with land conveyances; Aircraft; Vehicles; Collision; Vandalism and Malicious Mischief; and Burglary from within a building, room or locked motor vehicle (of which there must be visible evidence of forced entry); Holdup or Robbery; and Theft. A \$100 deductible applies to theft losses.

Perils not Insured:

We do not insure against;

1. Defective manufacture or materials, latent defect, rust, rot, mold contamination, vermin or inherent vice.
2. Wear and tear or abusive use.
3. Freezing or other extremes of temperature.
4. Misappropriation, sequestration, conversion, infidelity or a dishonest or criminal act on the part of the debtor including his employees, agents or others to whom the covered property may be entrusted (except a hired carrier).
5. Neglect of the debtor to use reasonable means to save and preserve the property at the time of, during and after any loss or damage insured against.
6. War, including undeclared war, rebellion, revolution or warlike act by military personnel.
7. Nuclear action or reaction, radiation or radioactive contamination. We cover direct loss by fire resulting from the nuclear hazard.
8. Mechanical, electrical or utility failures unless the result of a covered loss.

Limit of Liability:

Our liability for loss will be the cost to repair or replace the property insured at the time of loss, not to exceed the maximum amount(s) shown on the Certificate Schedule.

GENERAL PROVISIONS**Premium Charged:**

The premium rate charged by the Creditor to **YOU** will not exceed the premium rate filed with the State Insurance Department for this insurance.

Refunds:

In the event this insurance is terminated before the term shown in the Schedule, the Creditor will promptly refund to **YOU** any unearned premium. This refund will be calculated by the "pro rata". Refunds of less than one dollar will not be made.

Notice of Claim:

Written proof of loss or damage must be filed:

1. With **US**; or
2. With one of **OUR** duly authorized representatives; and
3. Within 90 days from the date of loss.

If **YOU** do not notify **US** within 90 days, **WE** will not pay your claim.

Claim Forms:

The Creditor will report all notices and proof of loss to **US** on forms provided by **US**. If **WE** or the Creditor do not furnish **YOU** with notice of loss forms within 15 days after the notice of claim, then **YOU** will be deemed to have complied with the filing of "Notice of Loss"

Conformity to Statute:

The terms of this Certificate which are in conflict with the statutes of the state where it is issued are amended to comply with such statutes.

Arbitration:

It is understood and agreed that the transaction evidenced by this certificate takes place in and substantially affects interstate commerce. Any controversy or dispute arising out of or relating in any way to this certificate or the sale of this certificate, including for recovery of any claim under this certificate and including the applicability of this arbitration clause and the validity of this certificate, shall be resolved by neutral binding arbitration by the National Arbitration Forum ("NAF"), under the Code of Procedure in effect at the time the claim is filed. All preliminary issues of arbitration will be decided by the arbitrator(s).

- 1 The arbitration shall take place in the county of residence of the Insured before a single arbitrator or a panel of arbitrators selected in accordance with the NAF Code of Procedure. NAF rules and forms may be obtained and all claims shall be filed at any NAF office, www.arb-forum.com, or P.O. Box 50191, Minneapolis, Minnesota 55405. The NAF may be reached at 651-631-1105 or 800-474-2371.
- 2 Except for the filing fee and costs any party other than us may incur to present its case, the cost of the arbitration shall be borne by us: unless the arbitrator(s) holds that a party is entitled to recover attorney's fees and other fees and expenses based upon applicable law.
- 3 It is understood and agreed that the arbitration shall be binding upon the parties, that the parties are waiving their right to seek remedies in court, including the right to a jury trial, and that an arbitration award may not be set aside in later litigation except upon the limited circumstances set forth in the Federal Arbitration Act.
- 4 All statutes of limitation that would otherwise be applicable shall apply to any arbitration proceeding.

Neither party shall be precluded from instituting an action in court of competent jurisdiction to obtain a temporary restraining order, a preliminary injunction or other equitable relief to preserve the status quo or prevent irreparable harm pending the selection of the arbitrator(s) or the commencement and completion of the arbitration hearing.



Authorized Officer



Authorized Officer

LYNDON SOUTHERN INSURANCE COMPANY

(A Stock Company)

Administrative Office: 10151 Deerwood Park Blvd. Bldg. 100, Ste. 500, Jacksonville, Florida 32256

CERTIFICATE - SINGLE PREMIUM CREDIT PROPERTY INSURANCE

NOTICE: THE PURCHASE OF THIS INSURANCE IS VOLUNTARY. If YOU HAVE VALID AND COLLECTIBLE INSURANCE ON THE SAME COLLATERAL TO OFFER TO THE CREDITOR, PURCHASE OF THIS COVERAGE WOULD BE DUPLICATIVE AND UNNECESSARY.

Schedule of Insurance

[REDACTED]	CREDITOR NAME: Mariner Finance, LLC 1380 HANOVER AVE ALLENTOWN, PA 18109	CERTIFICATE/ACCOUNT NUMBER: [REDACTED]
EFFECTIVE DATE: 12/04/2020	PREMIUM AMOUNT: \$520.88	
TERM IN MONTHS 48	MAXIMUM AMOUNT OF INSURANCE: \$ 3,339.00	

I, the insured Debtor in the Certificate described above, certify that I am unable to surrender and deliver said Certificate to Lyndon Southern Insurance Company and I agree to indemnify and protect the said company against any claim or loss that may be asserted against said company under said Certificate by any person or persons and that I further request cancellation of said Certificate and accept receipt of the unearned portion of the premium calculated thereon; and that I further agree and understand that this Certificate shall terminate and cease to exist at 12:01 A.M., Standard Time at my address on the date shown below.

DATE OF CANCELLATION: _____ RETURN PREMIUM \$ _____

DEBTOR SIGNATURE: _____

WITNESS SIGNATURE: _____

Group Master Policy No. _____

Life of the South Insurance Company

Administrative Office: 10151 Deerwood Park Blvd. Bldg. 100, Suite 500
 Jacksonville, Florida 32256 - 1-800-888-2738

(HEREIN CALLED THE COMPANY)

ACCIDENTAL DEATH, DISMEMBERMENT, & LOSS OF SIGHT INSURANCE CERTIFICATE APPLICATION**FRAUD WARNING:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

We agree to insure the Covered Person(s) named below (herein called You and Your) against specified Loss resulting from accidental bodily injuries. If the accidental bodily injuries are the direct and independent cause of the loss and occur while this Certificate is in force, payment of the benefits are subject to the provisions, conditions, limitations, and exclusions of this Certificate.

THIS IS APPLICATION IS FOR AN ACCIDENT ONLY CERTIFICATE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

NAME OF APPLICANT [REDACTED]		AGE [REDACTED]	CERTIFICATE NUMBER [REDACTED]	
ADDRESS (NUMBER, STREET) [REDACTED]		EFFECTIVE DATE 12/04/2020	TERM (MOS.) 48	
CITY, STATE, ZIP CODE [REDACTED]		EXPIRATION DATE 12/04/2024	MAXIMUM COVERAGE \$100,000	
COVERED PERSONS	AGE	BENEFICIARY'S NAME & RELATIONSHIP	PRINCIPAL SUM	PREMIUM
The Applicant designated above.	41	[REDACTED]	\$15,000.00	\$ 360.00
			\$	\$
			\$	\$
			\$	\$
			TOTAL PREMIUM PAID	\$ 360.00

I acknowledge and declare that I have voluntarily purchased this insurance, and said purchase has not been compulsory. I also acknowledge that this insurance is offered neither as a condition nor as a part of a credit transaction.

[REDACTED] 12/04/2020 Signature on File
 APPLICANT SIGNATURE DATE AGENT'S SIGNATURE

IN CONSIDERATION OF THE ADVANCE PAYMENT OF THE PREMIUM STATED ABOVE THE COMPANY DOES HEREBY INSURE YOU (herein called the Insured) and promises to indemnify for loss resulting from injury; subject to the provisions of this policy.

RIGHT TO FREE LOOK: Within the first ten days after this policy is received you may surrender it by delivering or mailing it to the Company's Administrative Office at Jacksonville, Florida or to the agent through whom it was purchased. Your premium will be refunded upon this surrender.

WHILE THIS CERTIFICATE IS IN EFFECT: During the term of this Certificate, if an Injury suffered by You shall result in any of the losses described in the Schedule of Benefits, We will pay the amount determined from the Schedule of Benefits. We will pay for only one Loss for any one accident. If more than one Loss is sustained as the result of the accident, payment will be made for the Loss for which the greatest amount is payable. The total amount payable will not exceed the full results in a one-half benefit being paid, the Certificate will continue in force for one-half the amount of benefit shown in the Schedule of Benefits until such time as the full amount has been paid or to expiration date.

SCHEDULE OF BENEFITS:

Full Amount of Benefit Payable For:

Loss of Life
 Loss of Both Hands
 Loss of Both Feet
 Loss of Sight of Both Eyes
 Loss of One Hand and One Foot
 Loss of One Hand and Sight of One Eye
 Loss of One Foot and Sight of One Eye

One-Half Amount of Benefit Payable For:

Loss of One Hand
 Loss of One Foot
 Loss of Sight of One Eye

THIS CERTIFICATE PROVIDES INDEMNITY FOR LOSS OF LIFE, LIMB, SIGHT, RESULTING FROM ACCIDENTAL BODILY INJURIES TO THE EXTENT HEREIN PROVIDED.

SINGLE PREMIUM. NON-PARTICIPATING. NON RENEWABLE.

EXCLUSIONS:

This benefit will not pay for any Loss due to:

- A. Disease, bodily or mental infirmity or medical or surgical treatment thereof; or
- B. Primary or secondary bacterial infections, except infections accidentally sustained or whose primary cause resulted from medical or surgical treatment related to an accidental injury; or
- C. Suicide or intentionally self-inflicted injury, while sane or insane; or
- D. Injury, caused by flight in, descending or descending from a non-scheduled aircraft; or
- E. Injury sustained while on duty with the Armed Forces of any country; or
- F. Injury incurred during the commission of a felony, or a subsequent confinement directly related to the commission of a felony. This limitation will not apply to a public official who is present at the commission of the felony in his official capacity; or
- G. Participating in an insurrection, or participation in a riot. This limitation will not apply to a public official who is present at the insurrection or riot in his official capacity;
- H. Injury sustained due to any loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of narcotics unless administered on the advice of a physician; or
- I. A preexisting illness, disease or physical condition for which medical advice, consultation or treatment was required or recommended within ninety (90) days immediately preceding the Effective Date of the debtor's coverage and for which medical advice consultation or treatment was required or recommended within the six months following the Effective Date of coverage.

WORLD WIDE COVERAGE: This Certificate will cover Loss from an accident (except as defined herein) with no restrictions as to the country or territory in which it occurs.

SINGLE PREMIUM CONSIDERATION: The Consideration for issuing this policy is the application and the payment of the single premium. This insurance begins at 12:01 A.M., Standard Time on the Effective Date, and ends at the same time on the Expiration Date shown above.

DEFINITIONS:

- A. Whenever the words "we", "us" and "our" are used in this Certificate they shall refer to the company shown above.
- B. Whenever the words "you" and "your" are used in this Certificate they shall refer to the Insured.
- C. "Loss" as used in this Certificate with reference to hand, foot, or eye, means:
 - 1. Severance of a hand at or above your wrist; or
 - 2. Severance of a foot at or above your ankle; or
 - 3. Entire and irrevocable loss of your sight.
- D. "Injury" as used in this Certificate means bodily injury as evidenced by a visible contusion or wound on the exterior of the body (except for internal injuries revealed by autopsy) caused by accident occurring while this policy is in force.
- E. "Covered Person" as herein defined may be (1) The Creditor Customer; (2) The lawful spouse of the Creditor Customer; and (3) each Unmarried dependent child or dependent grandchild of Creditor Customer spouse under 21 years of age. A dependent child or dependent grandchild who develops a mental or nervous condition, problem, or disorder may be covered to age 24 unless such child is and continues to be both 1) incapable of self sustaining employment, and 2) chiefly dependent upon the Certificate holder for support and maintenance, provided proof of such incapacity and dependency is furnished to Us within 31 days of the child's attainment of the limiting age. We may require subsequent proof, but not more frequently than annually after the two year period following the child's attainment of the limiting age. Such person must be named on the Schedule as a covered Person. Once coverage has been accepted and the premium paid, coverage cannot be terminated or voided, by Us for failure to qualify under the definition of Covered Person.

CERTIFICATE PROVISIONS

ENTIRE CONTRACT; CHANGES: The Master Policy, including the application, endorsements and the attached papers, if any, make up the entire contract of insurance. No changes in this policy shall be valid until approved by an executive officer of the Company and endorsed or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

REPRESENTATIONS: All statements in your application for this policy shall be deemed to be representations and not warranties. No statement made for the purpose of effecting insurance shall avoid such insurance or reduce benefits, unless contained in a written instrument signed by you, a copy of which has been furnished to you or your beneficiary.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the date of issue of this Certificate, no statements you made in the application for such Certificate shall be used to void the Certificate or to deny a claim for loss incurred, as defined in the Certificate, after the expiration of such two-year period. After this Certificate has been in force for a period of two years during the Insured's lifetime, it shall become incontestable as to the statements contained in the application.

OTHER INSURANCE WITH THE COMPANY: If an accidental death and dismemberment policy or policies previously issued by the Company to you is in force at the same time as this policy, making the aggregate indemnity for accidental death or dismemberment in excess of \$100,000, the excess insurance shall be void and all premiums paid for the excess shall be returned to you or your estate.

NOTICE OF CLAIM: Written notice of claim must be given to us within twenty days after the occurrence of any loss covered by this Certificate, or as soon thereafter as is reasonably possible. Notice given by you or on your behalf or on behalf of your Beneficiary to us at our Administrative Office in Jacksonville, Florida, or to any authorized agent of the Company shall be deemed notice to the Company.

CLAIM FORMS: We, upon receipt of a notice of claim, will furnish to the claimant forms to be used to file proof of loss. If such forms are not furnished within fifteen working days after we are so notified, the claimant shall be assumed to have complied with the requirements of the policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, nature and extent of the loss for which claim is made.

PROOFS OF LOSS: Written proof of loss and a copy of this Certificate must be furnished to us at our Administrative Office within ninety days after the date of the loss for which the claim is made. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time; provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PAYMENT OF CLAIMS: Benefits payable for loss of life will be paid to the designated beneficiary in accordance with the provisions prescribed in this Certificate. If no such designation or provision is effective at the time of payment, such benefits will be paid to your estate. Any other accrued indemnities unpaid at your death may, at our option, be paid either to such Beneficiary or to your estate. All other benefits payable under this Certificate shall be paid to you. All benefits payable under the Certificate will be payable immediately upon receipt of due written proof of loss. Should we fail to pay the benefits payable under our policy upon receipt of due written proof of loss, we shall have fifteen working days thereafter to mail you or your beneficiary a letter of notice which states the reasons we may have for failing to pay the claim, either in whole or in part; and which also gives a written itemization of any documents or other information needed to process the claim or any portions which are not being paid. When all of the listed documents or other information needed to process the claim has been received, we shall then have fifteen working days to process and either pay the claim or deny it, in whole or in part, giving the reasons we may have for denying such claim or any portion thereof. Should we fail to comply in a timely manner with the schedule as indicated above, we will pay you interest equal to 18 percent per annum on the proceeds or benefits due under the terms of the policy.

TERMINATION OF INSURANCE: The insurance automatically terminates on the earliest of the following dates: (1) the Expiration Date shown in the Schedule; (2) when you request cancellation by mailing written notice to Us; or 3) when you receive at least forty-five (45) days advance written notice of cancellation from us.

REFUNDS: Upon termination, any unearned premium will be paid to the Certificate holder within thirty (30) days following such termination. If the Certificate holder cancels, the earned premium shall be computed using the short-rate method. If We cancel, the earned premium shall be computed pro rata.

PHYSICAL EXAMINATION AND AUTOPSY: We at our own expense shall have the right to examine you when and as often as we may reasonably require in respect to a claim under this policy and to make an autopsy in case of death where it is not forbidden by law.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on the Master Policy or any Certificate of Insurance within sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

MISSTATEMENT OF AGE: If your age has been misstated, all amounts payable under this Certificate shall be such as the premium paid would have purchased at the correct age.

MAXIMUM AGE LIMITS: No person will be eligible for insurance if the scheduled expiration date of his proposed insurance is later than his 76th birthday. If the Company accepts a premium for insurance past such maximum age, then the excess insurance shall not be valid provided the Company refunds the premium for such excess coverage during your lifetime and within sixty (60) days of the acceptance of such premium. If such refund is not made within that period, coverage will be continued in full force and effect.

CHANGE OF BENEFICIARY: The right to change a beneficiary is reserved to you and the consent of the beneficiary shall not be needed to assign this policy. No change of beneficiary under this policy shall be binding upon us unless and until the original or duplicate thereof is received at our Administrative Office.

ASSIGNMENT: This policy may be assigned as collateral to cover a loan. All of your rights and the rights of your beneficiary will be transferred only to the extent of the assignee's interest. No assignment of interest under this policy will be binding on the Company until a duplicate of the assignment is filed at our Administrative Office. We are not responsible for the validity of any assignment.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which you reside is amended to conform to the minimum requirements of such statutes.

MANDATORY BINDING ARBITRATION:

It is understood and agreed that the transaction evidenced by this certificate takes place in and substantially affects interstate commerce. Any controversy or dispute arising out of or relating in any way to this certificate or the sale of this certificate, including for recovery of any claim under this certificate and including the applicability of this arbitration clause and the validity of this certificate, shall be resolved by neutral binding arbitration by the National Arbitration Forum ("NAF"), under the Code of Procedure in effect at the time the claim is filed. All preliminary issues of arbitration will be decided by the arbitrator(s).

1. The arbitration shall take place in the county of residence of the Insured before a single arbitrator or a panel of arbitrators selected in accordance with the NAF Code of Procedure. NAF rules and forms may be obtained and all claims shall be filed at any NAF office, www.arb-forum.com, or P.O. Box 50191, Minneapolis, Minnesota 55405. The NAF may be reached at 651-631-1105 or 800-474-2371.

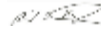
2. Except for the filing fee and costs any party other than us may incur to present its case, the cost of the arbitration shall be borne by us: unless the arbitrator(s) holds that a party is entitled to recover attorney's fees and other fees and expenses based upon applicable law.
3. It is understood and agreed that the arbitration shall be binding upon the parties, that the parties are waiving their right to seek remedies in court, including the right to a jury trial, and that an arbitration award may not be set aside in later litigation except upon the limited circumstances set forth in the Federal Arbitration Act.
4. All statutes of limitation that would otherwise be applicable shall apply to any arbitration proceeding.

Neither party shall be precluded from instituting an action in court of competent jurisdiction to obtain a temporary restraining order, a preliminary injunction or other equitable relief to preserve the status quo or prevent irreparable harm pending the selection of the arbitrator(s) or the commencement and completion of the arbitration hearing.

IN WITNESS WHEREOF, we have caused this policy to be executed by our President and Secretary.



Secretary



President

Group Master Policy No. _____

Life of the South Insurance Company
Administrative Office: 10151 Deerwood Park Blvd. Bldg. 100, Suite 500
Jacksonville, Florida 32256 - 1-800-888-2738

(HEREIN CALLED THE COMPANY)

ACCIDENTAL DEATH, DISMEMBERMENT, & LOSS OF SIGHT INSURANCE CERTIFICATE APPLICATION**FRAUD WARNING:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

We agree to insure the Covered Person(s) named below (herein called You and Your) against specified Loss resulting from accidental bodily injuries. If the accidental bodily injuries are the direct and independent cause of the loss and occur while this Certificate is in force, payment of the benefits are subject to the provisions, conditions, limitations, and exclusions of this Certificate.

THIS IS APPLICATION IS FOR AN ACCIDENT ONLY CERTIFICATE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

NAME OF APPLICANT [REDACTED]		AGE [REDACTED]	CERTIFICATE NUMBER [REDACTED]	
ADDRESS (NUMBER, STREET) [REDACTED]		EFFECTIVE DATE 12/04/2020	TERM (MOS.) 48	
CITY, STATE, ZIP CODE [REDACTED]		EXPIRATION DATE 12/04/2024	MAXIMUM COVERAGE \$100,000	
COVERED PERSONS	AGE	BENEFICIARY'S NAME & RELATIONSHIP	PRINCIPAL SUM	PREMIUM
The Applicant designated above.	41	[REDACTED]	\$ 15,000.00	\$ 360.00
			\$	\$
			\$	\$
			\$	\$
			TOTAL PREMIUM PAID	\$ 360.00

CANCELLATION OF ABOVE POLICY

I, the named Insured in the Policy described above certify that I am unable to surrender and deliver said Policy to the above Company and I agree to indemnify and protect the Life Insurance Company against any claim of loss that may be asserted against said Company and accept receipt by any person or persons and that I further request cancellation of said Policy and accept receipt of the unearned portion of the premium calculated thereon; and I further agree and understand that this Policy shall terminate and benefits thereon cease to exist at 12:00 noon, Standard Time, at my address on the date shown below.

DATE OF CANCELLATION _____ REFUND \$ _____ TOTAL \$ _____

Signature of Witness _____ Signature of Insured _____

SCHEDULE A
Collateral List To Note & Security Agreement between
Mariner Finance , Creditor, and

_____, Borrower(s)

This Schedule A is part of the Note & Security Agreement identified below. The Borrower(s) grant the Creditor a security interest in the listed property according to the terms of the Note & Security Agreement.

Purchase Money Security Interest:

DESCRIPTION OF ITEM PURCHASED	PURCHASE PRICE

OTHER PERSONAL PROPERTY COLLATERAL

CAMERAS AND ELECTRONICS

#	ITEM	DESCRIPTION	VALUE
3	Home Computers/Laptops/Tablets	IPAD 1K, IPAD 1K, APPLE MACBOOK 1800	\$3,800.00
1	Televisions (in excess of 1)	65" LG	\$1,500.00

_____	\$5,300.00	_____	12/4/2020
Loan Number	Total Value	Signature	Date
		_____	_____
		Signature	Date

AUTO PAY AUTHORIZATION

As used in this authorization, the words, "I," "MY," and "ME" refer to the borrower agreeing to the terms of this authorization, and the word "YOU" refers to Mariner Finance, LLC (and its subsidiaries and affiliates) (collectively "Lender").

I hereby authorize and direct Lender to initiate periodic debit entries for my scheduled loan payments from the bank account information provided to Lender. I agree that debit entries will be made on my scheduled due date (as specified in my loan documents) unless a scheduled payment date falls on a weekend or holiday, in which case the debit entry will be made on the next business day. Changes made to my account or banking information must be received by Lender at least three (3) business days prior to the payment due date.

If the first scheduled payment is an extended due date payment, then the first drafted payment amount may differ from the contractually agreed upon amount due each month. If any scheduled debit amount is greater than the outstanding balance of the loan, the scheduled payment will be debited in full and a check in the amount of the overpayment will be issued and mailed to me.

Lender may cancel my automatic payment enrollment if any automatic payment is returned unpaid by my financial institution. Lender may also cancel the automatic payment service for any reason and will notify me if such an action takes place. The automatic payment amount will only be reduced or canceled to avoid creating a credit balance on the account.

Further, I understand and agree that if my account at the depository financial institution provided does not have sufficient funds to make my loan payment, Lender will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of such insufficiency. I acknowledge that, in the event Lender's additional attempts to collect my payment via EFT-ACH are unsuccessful, I must make my loan payment by other means. I understand that a fee may be assessed by Lender in accordance with the terms of my loan agreement as a result of my account at the depository financial institution listed below having insufficient funds.

Termination: I have the right to stop payment of preauthorized transfers from my account by notifying Lender, verbally or in writing at the mailing address or email address noted below; any such notification must be received by Lender at any time up to three (3) business days before the scheduled date of the transfer. If the debit item is resubmitted, Lender must continue to honor the stop payment order.

I may terminate this authorization at any time (i) through the Customer Account Center; (ii) by providing written notice to Lender at Mariner Finance, LLC, 8211 Town Center Drive, Nottingham, MD 21236, Attn: Servicing; or (iii) by providing written notice to the following email address: recurringpymtoptout@marinerfinance.com.

This authorization will remain in effect until the underlying obligation to you is satisfied OR you receive written notification from me of termination of this authorization and you have reasonable time to act upon it, whichever comes first.

Applicant Signature

Applicant Name (Please Print)

Applicant Signature

Applicant Name (Please Print)

12/04/2020

Date

Account Number

Routing Number



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

DISCLOSURES REQUIRED UNDER AMENDMENTS TO THE FAIR CREDIT
REPORTING ACT

1. REQUIREMENT TO DISCLOSE COMMUNICATIONS TO A CONSUMER
REPORTING AGENCY.

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

2. PROCEDURES TO ENHANCE THE ACCURACY AND INTEGRITY OF
INFORMATION FURNISHED TO CONSUMER REPORTING AGENCIES.

If you seek to dispute the accuracy of information that Mariner Finance has provided to consumer reporting agencies you can notify the consumer reporting agency of your dispute. Should their investigation reveal that any information furnished by Mariner Finance was either incomplete, inaccurate, or can no longer be verified, the information will be corrected or removed from the consumer report, as appropriate.

3. ADDITIONAL RIGHTS TO REPORT DISPUTES DIRECTLY TO MARINER
FINANCE

Additionally, you have the right to report disputes directly to Mariner Finance at the following address:

Mariner Finance, LLC
8211 Town Center Drive
Baltimore, Maryland 21236

Your written notice to us should contain the following:

- a. identification of the specific information that is being disputed;
- b. explanation of the basis for the dispute; and
- c. include as an attachment copies of all supporting documentation required by Mariner Finance to substantiate the basis of the dispute.

4. VICTIMS OF IDENTITY THEFT

If you believe that you have become the victim of identity theft, and that Mariner Finance has reported information to a consumer reporting agency that is the result of identity theft, you should submit an Identity Theft report to Mariner Finance.

An Identity Theft Report is a report that:

- a. Alleges fraud as a result of identity theft;
- b. Includes a copy of an official, valid report that you have filed with the appropriate federal, state or local law enforcement agency; and
- c. Subjects you to criminal penalties if perjury is committed.

You may request copies of application and business transaction records that are in our control that evidence any transaction alleged to be a result of identity theft.

You can request that these records be sent to you, or any law enforcement agency or officer that you specify or authorize to receive these records. The Identity Theft Reports and any requests for records should be mailed to the same address indicated in 3. above.



FACTS

WHAT DOES MARINER FINANCE DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some, but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- account balances and payment history
- transaction history and credit history

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Mariner Finance chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Mariner Finance share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing

- Call 888-540-7224 – our menu will prompt you through your choices or
- Visit us online: <http://www.marinerfinance.com/optout>

Please note:

If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

Questions?

Go to www.marinerfinance.com/resources/legal/privacy-statement/

Page 2

Who we are

Who is providing this notice? Mariner Finance, LLC, Mariner Finance of Virginia, LLC, Mariner Finance Florida, Inc., and Mariner Finance North Carolina, Inc. All references to Mariner Finance refer to the business which is maintaining your account.

What we do

How does Mariner Finance protect my personal information? To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Mariner Finance collect my personal information? We collect your personal information, for example, when you:

- apply for a loan or give us your income information
- provide employment information or apply for financing
- give us your contact information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing? Federal law gives you the right to limit only:

- sharing for affiliates' everyday business purposes – information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

What happens when I limit sharing for an account I hold jointly with someone else? Your choices will apply to everyone on your account.

Definitions

Affiliates Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include companies with a Mariner Finance name.*

Nonaffiliates Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Nonaffiliates we share with can include mortgage lenders, investment advisors, insurance companies, and retailers of consumer goods.*

Joint Marketing A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include retailers of consumer goods.*

Other important information

State Privacy Laws: We comply with state privacy laws to the extent they apply. **California Residents:** We will not share nonpublic personal information with non-affiliates without your authorization, except as permitted by law. We will also limit our sharing of nonpublic personal information about you with our affiliates to the extent required by applicable CA privacy laws. **Texas Residents:** For questions or complaints about this loan, contact Mariner Finance at (844) 338-2080. The lender is licensed and examined under Texas law by the Office of Consumer Credit Commissioner (OCCC), a state agency. If a complaint or question cannot be resolved by contacting the lender, consumers can contact the OCCC to file a complaint or ask a general credit-related question. OCCC address: 2601 N. Lamar Blvd., Austin, Texas 78705. Phone: (800) 538-1579. Fax: (512) 936-7610. Website: occc.texas.gov. E-mail: consumer.complaints@occc.texas.gov.

Important Information about Credit Reporting: We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

MARINER FINANCE

IMPORTANT INFORMATION ABOUT THE ACH TRANSFER PROCESS

Loan proceeds will be deposited into your bank account via ACH transfer; however, the specific timing of the disbursement of the loan proceeds into your account will depend on the day of the week and time of day your loan is processed and approved for funding.

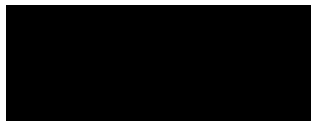
Loans proceeds are typically sent to your bank via ACH transfer the business day following the day on which your loan was processed and approved for funding. For Mariner Finance's ACH transfers, business days exclude weekends and Mariner and bank-observed holidays.

Banks typically post the funds to your account by the next business day; actual posting time depends on your bank and may, in some cases, take more than one business day.

If you have questions about your ACH deposit, you should contact your bank's ACH department.

Mariner Finance

Date: December 04, 2020



RE: Account Number [REDACTED]

Dear [REDACTED]

Mariner Finance would like to thank you for the opportunity to assist with your financial needs. This letter includes important information about your new account as well as instructions on how to make your payments. Please retain this document with your loan agreement and records.

Account Details

Your new account number is [REDACTED] and your first payment in the amount of \$176.18 is due on January 08, 2021. After your first payment, your regular monthly payment of \$162.33 will be due on the 8th day of each month. Please review your loan agreement for information regarding late payments and other fees that may apply.

Online Documents and Account Access

Accessing your loan agreement and other documents online is easy! Our online Customer Account Center is available 24 hours a day, and it only takes a few minutes to register your account.

- 1) Go to www.marinerfinance.com and click on the Account Login link in the upper right corner of the website.
- 2) Click on the Sign in Help/Register link and follow the instructions. On the registration page, you will be asked for your full name, your social security number, birth date, zip code, and email address.
- 3) Upon completion of the registration process, you will be able to:
 - a. view, download, and/or print your loan documents;
 - b. view your account details and transaction history; and
 - c. make payments online.

How to make your monthly payments

You can make your monthly payment in any of the following ways:

- In person – Stop by any branch during regular business hours.
- By mail – When mailing your payment, please include your account number and send your payment to:
Mariner Finance, LLC, P.O. Box 44490, Baltimore, MD 21236
- Online* – Log into the Customer Account Center at www.marinerfinance.com or make payments directly through your financial institution's bill payment service.
- By phone* – To pay by phone, please call during business hours at (855)-328-1450

NOTE: You will not receive a coupon book or monthly statement. This letter details all of your payment information and options.

How may we help you?

At Mariner Finance we pride ourselves on superior customer service and look forward to helping with all your financial needs. When extra money is needed to consolidate bills or cover unexpected expenses or purchases, we can provide personalized solutions to meet a variety of financing needs.** In some states, we also broker mortgages and can help you find a mortgage.

15-Day Satisfaction Guarantee: If, for any reason, you are dissatisfied with your loan and repay it in full within 15 days, we will waive all finance charges and cancel all coverages with no penalty. Your repayment amount must be in the form of cash or certified funds.

If at any time you need additional money, or have a question about your account, please do not hesitate to call us.

Yours truly,

Mariner Finance
877-248-7073

**Additional charges may apply **Subject to normal lending requirements*

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